VS A15

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01863

| CERTIFICAT | E OF DEATH Reg. Diat. No. 272 |
|--|--|
| County City or town (If outlide city or town limits, write RUKAL and give nearest town) How long in above place of death? Hospital, institution, or strack address where death occurred: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of notice) State to the control of |
| 30, FULL NAME HOSINGTON ADDOT | 3. (b) Social Security Number |
| 8.(b) Name of husband or wife | 20. DATE OF STATE TO SHARLY 1948 of 19 |
| 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day | and that I last saw have alive on the last saw have alive of the last saw have alive on the last saw have alive of the last saw have alive on the last saw h |
| 10. Usual occupation 11. Industry or business 12. Name 13. Birthplace | Due to |
| 13. Birthplace 14. Maiden name 15. Birthplace | (Include pregnancy within 3 months of death) Major findings of eperations. Date of op. |
| Address Corp. 17. Bate thereof. (month) (day) (year) | Autopsy results |
| Cemetery or crematory Location 18. Funeral director. | Where did Injury occur? |
| Address 131-11 Sty SE Wash De 19 Fest, 20, 1948 Carrie F. Campbell Grand (Date ree'd by registrar) | 23. GINATURE ROLL OF WAS FIELD 19/8 |



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

| A | |
|---|---|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (Fog newborn infanta give residence of mother) |
| County Laulan Md. | State Maryland County ina Larger |
| City or town (If outside city or town limits) write RURAL and give nearest town) | City or town (If outside city or town limits, write RURAL and give nearest town) |
| How long in above place of death? Hospital, institution, or street address where death goodred: | |
| | Street No |
| How long in hospital or institution? | 2.(a) If veteran, name war Aut a Wav |
| 3.(a) FULL NAME | 23. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| m & single | 20. DATE OF DEATH Leb 22 1944 at 7:58 pm |
| 6.(b) Name of husband or wife | 21. ICPRTIFY that death occurred on the date above stated; that lattended deceased from |
| 7. Sirth date of | and that I last saw h 4 allyon on 2 19.48 |
| deceased (mo., day, yr.) Sept. 424. 8 8 AGE- Years Months Days If less than one day | Immediate cause of death Bassuelo DURATION |
| 8. AGE: Years Months Days If less than one day 5 /3hrsmin. | Promone 7days. |
| 9. Birthplace (Town, county, and state) | Due to. |
| 1D. Usual occupation | |
| 11. Industry or business James Labor | Due 16. |
| 12. Name. Depoles alla. 13. Birthplace Research | Other conditions |
| | (Incinde pregnancy within 8 months of death) |
| 14. Malden name Julia Joulea 15. Birthplace Jings Jeogus Ca. | Major findings of eperations. |
| \$ 15. Birthplace On the Control of t | |
| 16. Informant | Antopsy results |
| Address and Hohe 25.48 | 22. VIOLENCE: If death was due to exfernal causes, fill in the following; |
| (Buriai, cremation, or removal. Which?) Date thereof. (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory To beneget Church | Where did injury occur? (City or town) (County) (State) |
| Location Location Ma_ | tnjured at home, farm, industry, public place (where?) |
| 18. Funeral director Montgomery Dres. | Means of Injury Injured at work? |
| Address 915 I found n. N. 1 | of of skill van. |
| Flore 22, 1/8, mar Cart B. | 23.0 SIGNATURE M. D. or other |
| 19. (Date ree'd by registrar) 19. The state of the state | Address Deentwood Med Bate eigner 2-22-89 |

HEAST TO STATISTICS.

FEB 28 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1570

01865

Reg. Diat. No. 23/

CERTIFICATE OF DEATH

| | | | | | Reg. Dist. No. |
|--------------------------------------|-------------------------|---------------|---|--|---|
| 1. PLACE OF DI | | | | 2. USUAL RESIDENCE (HOME (For newborn infants give residence | E) OF DECEASED: |
| county Prince George | | | | | |
| City or town | | | | | Couoty Pr. Geo. |
| Hospital, institution, o | or street address where | death occurre | ed: | | |
| Prince | e Georges | Gen!] | Hosp. | | give LOCATION) |
| How long in hospital | or institution?10. | days | | 2.(a) If veteran, name war | |
| 3. (a) FULL NAM | | | | | 3. (b) Social Security Number |
| Beall 4. Sei | Baby boy | 6.(a)Sing | rie, married, widowed, or divorced | MEDICAL | . CERTIFICATION |
| | | | | | |
| M | W | S | | 20. DATE OF DEATH. 2-9 | 19.48 at 12:15a |
| | | | (c) If alive, give ageyears | 1 | te above stated; that I atlended deceased from |
| 7. Birth date of deceased (mo., day, | | 48 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | and that I last saw h. After allve on | |
| 8. AGE: Year | rs Months | Days | Il less than one day | dealast - article | 1 |
| | | 10 | hrs min. | Cecahan Moresta | f Xkmins Skunit 16 4 |
| 9. BirthplaceCl | heverly. M | eounty, and | state) | Due to | |
| 10. Usual occupation. | ••••• | | | Due to. | |
| 11. Industry or busine | \$\$ | | | | |
| | Beall, Will Maryland | | <u>2</u> 0 | Other conditions | |
| et 13. Bittiplace j | al y Land | | 0.111 | (Include pregnancy with | in 3 months of death) |
| 王 14. Maiden name | Mary Jose | ephine. | Smith | Major findings of operations. | |
| 14. Maiden name | Maryland | | | The state of the s | Date of op. |
| 16. InformantF. | ather | , | , G | Antopsy results | |
| Address UT | open Marlbo | oro. Mo | 1. 10 | PHYSICIAN: Please underline the cause | to which death should be charged statistically. |
| Kashan | | | 79-48 | 22. VIOLENCE: II death was due to externa | |
| | n, or removal, Which? | 1/1 | (month) (day) (year) | | Date of |
| Cemetery or cremat | tory | 1000 | THE CALL | Where did Injury occur?(City or to | wn) (County) (State) |
| Location 2014 | ful 377 | assi | 020, 1100 " | Injured at home, farm, Industry, public plac | ee (where?) |
| 18. Funeral director | Atchie- | 19 | Stos y, V | Means of Injury | Injured at work? |
| Address FMV | ful Sy | all | boro, Indy | 23 SIGNATURE Thougan | A. a. f. Sense S. D |
| 19. 2/19 | 1948 | les | randa Dourrey | 23. SIGNATURE Callo Co Carl | M. D. or other |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY,



MARGIN RESERVED FOR BINDING

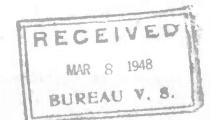
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1)1860 Reg. Dist. No. 243

CERTIFICATE OF DEATH

| | Neg. Dist. No. | | |
|---|--|--|--|
| 1. PLACE OF DEATH: County Prince Georges City or town Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 mos., 23 days Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium How long in hospital or institution? 3 mos., 23 days 3. (a) FULL NAME | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) D. C. County City or town. Washington (If outside city or town limits, write RURAL and give nearest town) Streel No. 115 - 3rd St., N. W. (If rural, give LOCATION) 2.(a) if veteran, name war. | | |
| 3. (a) FULL NAME George Benedict 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced | 3. (b) Social Security Number MEDICAL CERTIFICATION | | |
| Male White Widowed | 20. DATE OF DEATH Petruary 28 19 48 21 9 5 P. | | |
| 6.(6) Name of husband or wife Louise Withers 7. Birth date of deceased (mo., day, yr.) December 18, 1872 8. AGE: Years Months Days It less than one day 75 75 2 10 hrs. min. | 21. I CERTIFY that seath occurred on the date above stated: that I attended deceased from Movember 9 19 9 19 9 19 9 19 9 19 9 19 9 19 9 | | |
| 9. Birthplace. West Sulphur Springs, West Virgini (Town, county, and state) 10. Usual occupation. Tree Surgeon 11. Industry or business 12. Name | Due 10 | | |
| 14. Maiden name Charlotte Allen Lyons, New York | (Include pregnancy within 3 months of death) Major findings of operations. Date of op. | | |
| Address 17. Burial, cremation, or removal, Which?) Cemetery or crematory Location 18. Funeral director. W. W. Chambus Co. Address / 400 - Chabii St. N. W. | Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide | | |
| 19. War 1 18 48 Rowland S. Philips Registrar | 23. SIGNATURE & ancel Leo Finecare MD Address Slery Dale Md, Bate signed \$12.8.14.8. | | |



2411 N. Charles St., Baltimore

| CERTIFICAT | TE OF DEATH Reg. Dist. No. 23 |
|--|---|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stato |
| 3. (a) FULL NAME William Wilford | Bergling 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 1. Sex 1 | MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended decessed from 19. 10. 19. and that I last saw h. allve on. 18. Immediate cause of death DURATION Due to. Cinclude Bregnancy within 8 months of death) Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: |
| Date thereof (month) (day) (year) Cemetery or crematory Location 18. Funeral director. Address 19. (Date rec'd by registrar) Date thereof (month) (day) (year) Company (month) (day) (year) | Accident, suicide, or homicide |

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

WRITE PLAINLY, is especially

PLEASE

A15 NS

RECEIVED
FEB 18 1948

PLAINLY, V

PLEASE WRITE

(Date rec'd by registrar)

A15 NS

MARYLAND STATE DEPARTMENT OF HEALTH_

2411 N. Charles St., Baltimore

| CERTIFICAT | E OF DEATH Reg. Dist. No. |
|--|---|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland county Pro Georges City or town College Park Maryland (If outside city or town limits, write RURAL and give nearest town) Street No. 7512 Rhode Island ave, . (If rural, give LOCATION) 2.(a) If veleran, name war. 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced female white single 5. (b) Name of husband or wife 8. (c) If alive, give age years 7. Birth date of 6. (a) Single, married, widowed, or divorced 8. (c) If alive, give age years 8. (c) If alive, give age years 8. AGE: Years Months Days If less fhan one day 8. AGE: Years Months Days If less fhan one day 8. Birthplace (Town, county, and state) 10. Usual occupation Retired 11. Industry or business Covernment Dept of Interior 8. If limits Covernment Dept of Interior 9. If limits Covernment Dept of Interior 9. If limits Covernment Dept of Interior 10. Usual occupation Covernment Dept of Interior 11. Industry or business Covernment Dept of Interior 12. Industry or business Covernment Dept of Interior 13. Industry or business Covernment Dept of Interior 14. Industry or business Covernment Dept of Interior 15. Industry or business Covernment Dept of Interior 16. Industry or business Covernment Dept of Interior 17. Industry or business Covernment Dept of Interior 18. Industry or business Covernment Dept of Interior 19 | MEDICAL CERTIFICATION 20. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from NOVEM (3ER) 21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from NoVEM (3ER) 19. 10. 19. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19 |
| Address Styatterille Ind. | 23. SIGNATURE PLOT & Cherry M.D. or other 9-4 |



A15 VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 237()

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|---|
| | md lamas leaces |
| City or town (If outside city or town libits, write RURAL and give nearest town) | State County / A 26 |
| | (If outside city or town limits, write RURAL and give nearest town) |
| How long in above place of death? | |
| Prince Deorges Hospital | \$ 11 V. 11 P. 11 P. 11 P. 11 P. 12 P |
| | (If rural, give LOCATION) |
| Now long in hospital or institution?3.do.5. | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Bowman Boby Dovid | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| | 15/ |
| Mole VV Single | 20. DATE OF DEATH February 19 19.48 at 11 /am |
| | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| S,(b) Name of husband or wife | nov. 1 1947 10 Jel 19, 1948 |
| 7. Birth date of | and that I last saw h. LAM alive on Delv 19 19 48 |
| deceased (mo., day, yr.) | |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death Portogeratic Blook 2 Lea- |
| 5 7hrsmin. | |
| | cisternastomy |
| 9. Birthplace Chever & Ly md | Due to Vertreuts risterior tony |
| (Town Jounty, and state) | Operation performed for |
| 10. Usual occupation | Due to enternal Rythrocoghalus [4/1/48 aled) |
| 11. Industry or business | |
| # 12. Name Storley Bowmon | Bu |
| \sim m/ | Dther conditions |
| 13. Birthplace | (Include pregnancy within 3 months of death) |
| 14. Maiden name Do Ro thy Ric Lords | |
| 14. Maiden name Do Ro Thy Ric Lords 15. Birthpiace Va. | Major fiediogs of operations. |
| | Date of op. |
| 18. Informant Mrs. Docothy Dowman | Aotopsy results. |
| Address 3002 - Bunker Hill Rd - | PHYSICIAN: Please noderline the cause to which death should be charged statistically. |
| m+ Ranite ma | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, cremation, or removal, Which?) Bate thereof 2 (month) (day), (year) | Accident, suicide, or homicide |
| Cemetery or crematory Fort Lincoln Cemetery | Where did injury occur? |
| | 1// |
| Location Colman Manor, Pr. Bes. Co Me | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director Um. J. Malley | Means of Injury Injured at work? |
| | 1. 00511 74 |
| Address 3200 - R. J. ave. M. Rainey, Md. | Hamuel & Kugax My |
| Fel 21 um Pina 1 Comm | M. D. or other |
| 19. (Date rec'd by registrar) Registrar | MADDIES Mr Carrier, Malate signed Leb 19 194 |
| The second of th | NAME OF STREET O |



FEB 25 1948

BUREAU V. S.

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

| CERTIFICAT | E OF DEATH Reg. Dist. No. |
|--|---|
| 1. PLACE OF DEATH County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town. Self-build (If outside ity or town limits, write RURAL and give nearest town) Street No. 138 Jarrett (If rural, give LOCATION) 2.(a) If relevan, name war. |
| | |
| Herbert angrew 63 | 2. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| manist . | 20, DATE OF DEATH + company 3 1948, 21 3:30P |
| 6.(b) Name of husband or wite amounts S. Green 7. Birth date of S. A. S. | 21 TERTIFY that death occurred on the date above stated; that Lattended deceased from AND 18 48 And that I last saw h And alive on Teaming B 18 48 |
| deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day | Immediate cause of death Chapterin Muya Carlotto DURATION |
| 9. Birthplace | Due to Coronary Thrombous Type. |
| 10. Usual occupation | Due 10. Aslfrosellerones 10 yt. |
| 12. Namp John Jacken Ja | Other conditions (Include pregnancy within 3 months of death) |
| 14. Maiden name Fanus White | |
| 14. Maiden name tapus White | Major fiediogs of operations. |
| Ge interport Bellevill sied yall | Autopsy results PHYSICIAN: Please onderline the cause to which death should be charged statistically. |
| Address O Porlew Belleville VAR | 22. VIOLENCE: tf death was due fo external causes, fill in the following; |
| (Burial, cremation, or removal Which) (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory Fr. Lucestico Cuelly | Where did injury occur? |
| location Mash. D.C. | Injured at home, farm, Industry, public place (where?) |
| 11115 1 | Means of Injury Injured at work? |
| Address Rimedalo | 23. SIGNATURE ON STEPLENS MAS- |
| 19. Velv. II 19 148 M. Bushess (Date rec'd by registrar) Registrar | Address Devol M. D. or other Address Date signed 2448 |

FEB 6 1948

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

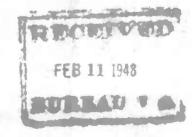
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01872

CERTIFICATE OF DEATH

Dist No 22/5

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|--|--|
| county theme Steams County Ild | (For newborn infants give residence of mother) |
| ity or town | Tooksyn O Lity County Jancaster - |
| ow long in above place of death? | City or town. Januare (If outside city or town limits, write RURAL and give nearest town) |
| ospital, institution, or sireel address where death courred: | DA # (|
| Teland Memorial Hospital - 4408 Queenslury Bo | Street No. (If rural, give LOCATION) |
| low long in hospital or institution? Il dange - of Koril | idal Z(a) if veleran, name war. |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Mr. Mark Slewarf Brown | |
| 6. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| male while Single | 20. DATE OF DEATH Jeb 9 19.48 11.12:05 P. N |
| .(6) Name of husband or wite | 21. I CENTIFY that death occurred on the date above stated; that I attended degrased from |
| | Jan 5. 1948, 10 x7 Ch 9 1948 |
| . Sirth date of | card that I last saw h MM alive on 4 Cb. 9 |
| deceased (mo., day, yr.) Nec. 26, 1870 | Immediate cause of death DURATION |
| . AGE: Years Months Days It less than one day | (Irebral Hemorrhoge 1) days |
| 77 / /4 | min. |
| Birthplace Telle Valley - New York Turk - | Due la Gle Merel allerio Sclerosis 3 gras |
| D. 4 - 1 - 7 | |
| U. USUAL OCCUPATION | Due 10. Typer lusion 3 years |
| 1. Industry or business | |
| 12. Name Horace B. Brown 13. Birthplace Rot known | Other conditions |
| 13. Birthplace Rot prown | (Include pregnancy within 3 months of death) |
| 14. Maiden name Ophelia Steward Brown | |
| 15. Birtholace Mansfield, New york - | Major findings of operations. |
| Case O: Borestin (1. t.) | Oale of op. |
| o, intermant | Antopsy results |
| Address 6106 41 st ane. Hyalls welle, M | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year) | |
| | |
| Cemelery or eremalory Wildwood Senetery | Where did injury occur? |
| Location Salamanea New York | Injured at home, farm, industry, public place (where?) |
| 18. Funeral director W. W. Chambers Co | Mesns of injury Injured at work? |
| Address 580/ Cleveland Ave. Niverdale, Mu | 1. In Molin no |
| We have all and and | 23. SIGNATURE M. D. or other |
| 19 Teby 9 1948 Mrs. Jas. Dever | Russelle Med 29,110 |
| (Date rec'd by (gistrar) | trar Address Bate signed Date signed Address Bate signed Address Bate signed Address Bate signed Bate signed Address Bate signed B |



1. PLACE OF DEATH:

County Prince George

| | 010 |
|---|---|
| | PLAINLY, WITH CNFADING INK. Supply every item of informatio is especially important. Physicians: please write the causes of death c |
| | info of |
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9-45-15M

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WRITE

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PLEA

Evidence for the change MARYLAND STATE DEPARTMENT OF HEALTH age is shown on G 114 2/19/48

2411 N. Charles St., Baltimore

932

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn Infants give residence of mother)

Manageral

CERTIFICATE OF DEATH

Reg. Diat. No.

| Cily or town Hyattsville Maryland (If outside city or town limits, write RURAL and give nearest town) | | | | State Maryland County Prince Ge | orge |
|--|--|--|--|--|---------------|
| (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? | | | | City or town. Hyattsville (If outside eity or town limits, write RURAL and give street No. 4903 Baltimore Ave. (If rural, give LOCATION) | nearest town) |
| How long in hospital o | r Institution? | | | 2.(a) If veteran, name war | |
| 3. (a) FULL NAM | E | da L. | Broy | 3. (b) Social Securi | y Number |
| 4. Sex Female | 5. Color or race White | 6.(a)Single, n | married, widowed, or divorced | MEDICAL CERTIFICATION 2D. DATE DF DEATH 2 194 | 9 9 Q N |
| | | 6.(c) t | TOYyears | 21. I CERTIFY that death occurred on the date above stated; that I attended do | 2 194 T |
| 8. AGE: Years 88 89/ | Months / | Days . | tl less than one dayhrs mln. | Immediate cause of death Myselwisty | OURATION / / |
| 10. Usual occupation 11. Industry or busines 12. Name | Housewif John L. Unknown | Locke | | Due to | |
| 16. Informani | Mrs. Ste | | ruggs Brentwood. Md | Actors results | |
| 17Buria (Burial, cremation Cemetery or cremate Location | l or removal. Which?) Green Berryvil Wm. J. N O R.1.Ave | Date thereof. Hill le, Vi alley Mt. | Feb. 12, 194 (month) (day) (year) Cemetery rginia Rainier, Md. | 22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide | (State) |



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

| 1. PLACE OF DEATH: County Prince Georges | | | ges | 2. USUAL RESIDENCE (HOME) OF DECEASED; (For newborn infants give residence of mother) | | |
|--|-----------------------|--------------------------------|--|--|--------------------------|---|
| | | | | Stats D. C. Coul | aty | |
| City or town | | | 10 mos., 27 days rium | City or town Washington (If outside city or town limits, write RURAL and give nearest town) Street No. 1508 - 9th St., N. W. (If rural, give LOCATION) | | |
| | | y.1.3 | mmax.s | 2.(a) It vstsran, nams war | | |
| 3. (a) FULL NAM | ME | EL | IZABETH BUR | WELL | 3. (b) Social Security 1 | Number |
| 4. Sex Female | Negro | | is, marrisd, widowsd, or divorced ngle | MEDICAL CE | ERTIFICATION W L T 1948 | " > 12h |
| 6,(b) Name of husband or wifs | | | | 21. I CERTIFY that death occurred on the date about the control of | 45 to Feb 25 | 19.4.2 |
| 7. Birth date of decsased (mo., day | yr.) Augus | t 14. | 1914 | 1 | | DURATION |
| 8. AGE: Ysa | | Days | If isss than one day | Immediate cause of death | abercultris | 3 yrs |
| | 33 6 | 11 | | | | |
| 9. Birthplace | Hou | Nort County, and Isekeep | h Carolina atate) er | | | *************************************** |
| 11. Industry or busin | | - | | Due to | | ****************** |
| ~1 | Junius E | | th Carolina | Dthar conditions | | *************************************** |
| -41 | . Mary Ha | rgrove | | (Include pregnancy within 3 m | | |
| 15. Birthplace | vance, | North | Carolina | _ | Date of op | |
| 16. Intermant | ntormant Deceased | | | Actopsy results | | statistically. |
| | on, or removal, Which | | reol | 22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide | Date of | (State) |
| Location W | ashwil | - | か . | Injured at homs, farm, industry, public place (wh | | |
| 18. Funsral director. | Robert | 4 mc | Suice | Mases of Injury | Injured at work? | |
| Address 1820-9 Ph. St. N. W. Wosle, D. C | | | J. Wosle, D. C | - 23. SIGNATURE & Daniel L. R. I | Finiscene | mD |
| 19. Jell 27, 1878 Nowland & Philips | | | lavel & Philips | Address Tlen Dale | Md. Date signed | 2/25/4 |

UNFADING INK. Supply every item of information carefully. The corrant. Physicians: please write the causes of death clearly and legibly.

PLEASE-WRITE PLAINLY, WITH UNF is especially important.

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MAR 2 1948

BUREAU V. S.

(If outside city or town limits, write RURAL and give nearest town)

DEATH

| CERTIFICAT | TE OF DEATH Reg. Di | | |
|---|--|--|--|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State | | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Colored 5.(b) Name of husband or wife | MEDICAL CERTIFICAT 20. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that is | | |
| 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than ona day hrs. min. 9. Birthplace (Town, county, end state) 10. Usual occupation 11. Industry or business 12. Name 13. Birthplace Rather Additional Rather Rather Additional Rather Rat | Due 10 | | |
| 15. Birthplace 16. Informant Address (\$0.00 Chilley Codd Oxforthell, large of the control of t | Antopsy results. PHYSICIAN: Please underline the cause to which death should 22. VIOLENCE: If death was due to external causes, fill in the folio Accident, suicide, or homicide. Whera did injury occur? (City or town) Injured al home, farm, industry, public place (where?) Maans of injury 1njured al 23. SIGNATURE | | |

| | 3. (b) Social Security Number |
|--|--|
| MEDICA 7 el | AL CERTIFICATION 4 19 × 8 31 / 2 39 |
| 21. I CERTIFY that death occurred on the | date above stated; that I attended deceased from |
| *************************************** | 19 |
| and that I last saw halive on | 19 |
| Immediate cause of death | o hand failere |
| Due 10 Carlings | enles reus l |
| Due 10 | |
| ther conditions | |
| | ithin 3 months of death) |
| | Date of op. |
| Antopsy results | |
| 2. VIOLENCE: If death was due to exte | ernal causes, fill in the following; |
| ccident, suicide, or homicide | Date of |
| Whera did Injury occur?(City or | town) (County) (State) |
| njured al home, farm, Industry, public p | lace (where?) |
| Agens of injury | 1niured al work? |
| elequity me | deal Canner |
| 3. SIGNATURE SULLAND | M. D. or other. |

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UNFADING INK. Supply every item of ant. Physicians: please write the causes

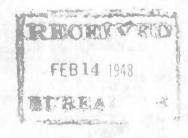
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimorn

CERTIFICATE OF DEATH

01876 Reg. Dist. No. 245

| | Neg. Dist. No |
|--|--|
| 1. PLACE OF DEATH: County County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn-infante give residence of mother) State |
| City or town | City or town. (If outside city of town limits, write RURAL and give nearest town) |
| Howdon in above place of death? Hospital institution or street abovess where death performed: How the first the street abovess where death performed: | Sireet No. (If vural, give LOCATION) |
| How long in hospitat or institution? 2 45 3 home | 2.(a) It veteran, name war |
| 3.(a) FULL NAME Mathew Clark Co | aldwell as 3. (b) Social Security Number |
| 4. Ser Walo S. Color or race 6. (a) Single, married, widowed, or divorced married | MEDICAL CERTIFICATION |
| male while married. | 20. DATE OF DEATH. 7427 19 46 21 3 5 |
| 6.(b) Name of husband or wife Elizabeth Caldwell | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.47, to 227, 19.48 |
| 7. Birth date of deceased (mo., day, yr.) May 10, (860. | and that I last saw halive on |
| 8. AGE: Years Months Days It less than one day | Immediate couse of death DURATION |
| 7 7 | min. Frondropneumana 3dano |
| 9. 8irthplace (Town, county, and atate) | Due to |
| fD. Usual occupation. | Due to. |
| 11. Industry or business Enhine Caldwell | Diter conditions given altern class |
| 13. 8irthplace Pa | |
| 当 14. Maiden name unknown | (Include pregnancy within 3 months of death) |
| 14. Maiden name 15. 8irthplace Pay | Major findings of operations. Date of op. |
| 16. Informant John Caldwell | Antopsy results |
| transportation Date thereof LL 28. 194 | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, cremition, or removal, Wigh?) , (month) (day) (year) | |
| Cemetery or crematory. Pennallrama | Where did injury occur? |
| Location Lilanchia sons | Means of Injury tnjured at work? |
| 18. Funeral director | 2/1/2010 |
| 71h 20 100 long | 23. SIGNATURE Forward Mouse No W |
| (Date ree'd by registrar) Regis | strar Address Jahon Park halpate signed 2/27/48 |

RECEIVED MAR 1 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: County Prince Georges | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | |
|---|---|--|
| City or town | State D. County City or town Washington (If outside city or town limits, write RURAL and give nearest town) | |
| How long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) Sireel No | |
| How long in hospital or institution? 12 days | (If rural, give LOCATION) | |
| | 2.(a) If veteran, name war | |
| 3.(a) FULL NAME ALICE CARTER | 3. (b) Social Security Number | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | |
| Female Negro Separated | 20, DATE OF DEATH Fel 25 1948 21 12:45A | |
| 6.(b) Name of husband or wife William Carter 6.(c) If alive, give age 48 years 7. Birth date of November 30 1800 | | |
| deceased (mo., day, yr.) November 10, 1900 8 AGE: Years Months Days If less than one day | Immediate cause of death DURATION | |
| 8. AGE: Years Months Days If less than one day 47 47 3 15hrsmin. | Pulmonary Tuberculpsia Ymos | |
| 9. Birthplace Washington, D. C. (Town, county, and atate) | Due to | |
| 10. Usual occupation | Due to | |
| 12. Name George Jackson 13. Birthplacs ? Virginia | Dther conditions | |
| E 14. Maiden name Cecelia Sewell | (Include pregnancy within 3 months of death) Major findings of operations | |
| 15. Birthplace Charles City, Maryland | Dafe of op. | |
| 16, informant Deceased | Autopsy results | |
| Address 17. P. 1. Date thereof 2. 25 # 5. (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) | 22. VfOLENCE: 1f death was due to external causes, fill in the following: Accident, suicide, or homicide | |
| Cemetery or crematory | Where did injury occur? (City or town) (County) (State) | |
| Location Ter Washington | Injured al home, farm, Industry, public place (where?) | |
| Location Ter Washington | Msans of tnjury 1njured at work? | |
| Address 1820 - 9th N.W. | 23. SIGNATURE & Janiel Leo Finicano MD | |
| 19. July 25, 19 4 8 Nowland of Philips (Date rec'd by registrar) Registrar | | |

RECEIVED

MAR 2 1948

BUREAU V. S.

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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| CERTIFICAT | TE OF DEATH Reg. Dist. No. 23/ |
|--|---|
| A. PLACE OF DEATH: County Cou | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give sidence of mother) State County County County City or town City or town limits, write HYRAL and give nearest town) Street No. #10 5 (If rural, give LOCATION) 2.(a) If veteran, name war. |
| 3.(a) FULL NAME Coates, Bahy Sirl | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION 20. DATE DE DEATH Feb. 12, 19 48, 21 7: 4. N |
| 6.(c) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 1. 3. hrs. min. 9. Birthplace. Alberty Seorges Md. 10. Usual occupation. 11. Industry or business 12. Name Aamey D. Coales. 13. Birthplace Matthrey 14. Maiden name Helem Matthrey 15. Birthplace | and that I last saw h & alive on |
| 16. Informant Address 17. Buriol (Burial, cremation, or removal. Which?) Cemetery or crematory Location 18. Funeral director. Address 19. Telebrah Hamanda hamanda Date thereof. (19)nth) (day) (year) Composition (19) (year) Composition (19) (year) Composition (19) (year) Address 19. Telebrah Hamanda hamanda Registrar Registrar | Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Mans of Injury 10. or other Address J. 7. 46. Address J. 7. 46. Date signed 2. 12. 48. |

FEB 17 1948 BUREAU V. S.

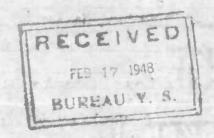
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

() 1 5 17 <u>1</u> Reg. Diat. No. <u>2</u> 4 <u>2</u>

| 1. PLACE OF DEATH: County PYLNES GEORGE | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | |
|--|---|--|
| Seat Pleasant | State Maryland county Pr Geos Co | |
| (If outside city or town limits, write RURAL and give nearest town) | *** | |
| How loog in above place of death? One and haif years. Nospital, institution, or street eddress where death occurred: | (If outside city or town limits, write RURAL and give pearest town) | |
| 508 684 Street | Street No. OCAT (If rural, give LOCATION) | |
| How long in hospital or institution? | 2.(a) If veteran, oame war | |
| 3. (a) FULL NAME | 3. (b) Social Security Number | |
| | ockreil | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | |
| M W Married | 20. DATE OF DEATH Feb 15 19 48 at 10: 45 Hm | |
| 8.(6) Name of husband or wite Blanche Cockrell | 21. I CERTIFY that death occurred on the date above stated; that Latiended deceased from | |
| 6.(c) If alive, give age 66 years | Oct 10, 1946 10 tes 15 19 18 | |
| 7. Birth date of deceased (mo., day, yr.) How 1 is 1869 | and that I last saw h. Mil. alive on 15 13 19 11 | |
| 8. AGE: Years Mooths Days If less than one day | Immediate cause of death DURATION | |
| 78hrsmin. | Caverno Tra of prostate IVIS | |
| 9. Birthplace Macon, Noxtee G. M755. (Town, county, and state) | Due to | |
| 10. Usual occupation Cotton: Farmer | | |
| 11. Industry or business Own Faym | Due fo | |
| | Other conditions Melastatic Carcinoma 1/2 yrs | |
| 12. Hame Mase Cackyell 13. Birthplace Miss. | | |
| A Thirth And A Section of the Control of the Contro | | |
| 14. Malden name Horelia Willanns 15. Birthplace Miss | Major findings of operations. | |
| 16 Interment Will Book 71 Chre Dan 72 | | |
| - 1-14 AF 3 C \ D) | Autopsy results | |
| Address 368 - 68 Street Seat Measant Ma | 22. VIOLENCE: If death was due to external causes, fill in the following; | |
| (Burial, cremation, or removal, Which?) Bafe thereof. Jet. 3. 48 (month) (day) (year) | Accident, suicide, or homicide | |
| | | |
| Cemetery or crematory | Where did Injury occur? | |
| Location Dec 1/2 0 | Injured at home, farm, industry, public place (where?) | |
| 18. Funeral director The Saarshilla Co. | Means of Injury Injured af work? | |
| Address 5/2-1/th St. J. E. | W Suit Orlean mo. | |
| 197 st 15- 19 48 Carrie F. Cambell (Date ree'd by registrar) | 23. SIGNATURE 690t Valchy Ved SE M. D. or other Address Ved SE Address Ved SE Bate stored Date stored | |



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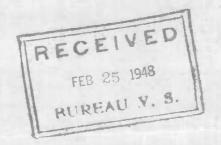
MARYLAND STATE DEPARTMENT OF HEALTH

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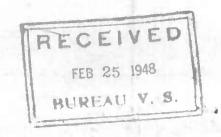
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| Reg. | Dist. | No. | | |

| CERTIFICA | TE OF DEATH Reg, Dist. No | 240 |
|---|---|---|
| 1. PLACE OF DEATH: County Prince George's | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Naryalnd Couely Prince George | |
| City or town Brandywine (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? 6 Months | Brandywine | |
| Hospital, Institution, or street address where death occurred: Floral Park Piscataway Road | Sireet No. Floral Park Piscataway R (If rural, give LOCATION) | oad |
| How long in hospital or institution? | 2.(a) if veteran, name war | |
| 3.(a) FULL NAME Marie Elizabeth Cotten | 3. (b) Social Security | Number |
| 4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | 14 K |
| Female Colored Single | 20. DATE OF DEATH February 21 19 48 | , 6:00I |
| 8,(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated: That I atlended decea | ased from |
| 0.(0) Name of fluorence of wife | | 19 |
| 7. Birth date of | and that I tast saw halive on | 19 |
| deceased (mo., day, yr.) S AGF- Years Months Days If less than one day | Immediair cause ut death | DURATION |
| 8. AGE: Years Months Days If less than one day | Toxemia | |
| | Bronchopneumonia | |
| 8. Birthplace Washington D. C. (Town, county, and state) | Bue to Bronchophe unonia | |
| 10. Usual occupation | | |
| | Due to | |
| 11. tindustry or business 12. Name Frederick harles Cotten | | |
| El . | Other conditions | *************************************** |
| 13. Birthplace Washington, D.C. | (Include pregnancy within 8 months of death) | |
| Elizabeth E. Breckenridge 15. Birthplace Ohio | Major findings of operations | |
| 15. Birthplace Ohio | Date of op. | |
| 18 Informant Frederick C. Cotten | Autonia results | |
| Address 509 21st Street N. E. Washing | PHYSICIAN: Please underline the cause tu which death should be charged | statistically. |
| 7 7 | 22. VIOLENCE: If death was due to external causes, fill in the following; | |
| (Burial, cremation, or removal. Which?) Oate thereof ** **Lat* 2 ** 4 ** 4 ** 4 ** 4 ** 4 ** 4 ** 4 | Accident, suicide, or homicide Date of | |
| Cemetery or crematory of sandal list. Characteristics | Where did injury occur? | (State) |
| 10:1 | | |
| Location Colombia Colombia | Masans of injury Injured at work? | |
| 18. Funeral director | Departy Medical Examiner ? | 0 |
| Address 48-131. h. E. | | nd |
| Fil 22 8 F. K. Billings how | 23. SIGNATURE | or other |
| 19. (Date rec'd by registrar) Registra | Forestville, Md. Date signed. | 6/20/48 |



3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY That Seath occurred on the date above stated: that Lettended deceased from DURATION PHYSICIAN: Please underline the cause to which death should be charged statistically. -22. VIOLENCE: tf death was due to external causes, fill in the following; Injured at work? Address ..



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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No....

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
|--|--|----------|--|
| county Prince George's | State Maryland county Prince George's City or town Hillside (If outside city or town limits, write RURAL and give nearest town) Street No | | |
| City or town Cheverly, Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 20 days Hospital, Institution, or street address where death occurred: Prince George's General Hospital How long in hospital or institution? 20 days | | | |
| 3.(a) FULL NAME George D. Crosby | 3. (b) Social Security Numb | er | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Widowed | MEDICAL CERTIFICATION 20. DATE DF DEATH. February 20 48 | 11:50P | |
| 6.(b) Name of husband or wite | 21. I CERTIFY that death occurred on the date above stated; that t attended deceased from | m | |
| ### deceased (mo., day, yr.) Oct. 19, 1862 8. AGE: Years Months Days It less than one day | Immediate cause of death Congestive heart failure | OURATION | |
| 9. Birthplace Maryland (Town, county, and state) 10. Usual occupation Laborer 11. Industry or business | Due to Hypostatic pneumonia Due to Fracture of the left hip. | | |
| 12. Name Unknown 13. Birthplace Unknown 14. Malden name Unknown 15. Birthplace Unknown | Other conditions. B. Coli infection of the hip (Include pregnancy within 8 months of death) Major findings of operations. Hip nail and plating | | |
| 16. Informant Prince George's Hospital Pecords Address Cheverly, Md. | Antopsy results. PHYSICIAN: Please underfine the cause to which death should be charged statistically. | | |
| Burial Date thereof Feb 24, 1948 (Burial, cremation, or removal. Which?) Cemetery or crematory Mt. Zion Cemetery Location Mt. Zion Maryland | 22. VIOLENCE: If death was due fo external causes, fill in the following; Accident, suicide, or homicide | Md. | |
| 18. Funeral director F. Gasch's Sons Address Hyattsville Md. 19. 2/24 1948 Amanda Dourney (Date rec'd by registrar) Registrar | Deputy Medical Examiner 23. Signature Dorestville, Md/ Address Date signed 2. | r | |

FED 25 1948
BUREAU V. S.

CERTIFICATE OF DEATH

| Reg. | Dist. | No. | 2 | 40 |
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| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECKASED: (For newborn infants give residence of mother) |
|--|--|
| County. | Stat Maryland County from Geral |
| (If outside city or town limits, write RURAL and give nearest town) | City or town horth They med Brandyme. |
| low long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| lospital, Institution, or street address where death occurred: | Street No. |
| | (If rural, give LOCATION) |
| low long In hospital or Institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME TOSA Lee Choss | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION (\$ |
| Temale white midowed | 20. DATE OF DEATH FR. b - 2 8 1948 - 112 P |
| (6) Name of husband or wife James Pother Class | 21. I CERTIFY that death occurred on the date above stajed; that I attended deceased from |
| 6.(c) Hallve, give ageyea | 8 23 194 102 28 1948 |
| . Birth date of | and that I last saw h.Q.Usilve on |
| deceased (mo., day, yr.) white pays If less than one day | Immediate cause of death |
| 1 1 | Myscandin |
| /6 / hrsml | (Docomponed Com |
| Birthplace (Town county, and state) | Due to Du |
| ashane | Cuan-Ous-bana VID |
| O. Usual occupation: | Due to |
| 1. Industry or business | - XXXIIOY |
| 12. Kame | Other conditions |
| | (Include pregnancy within 3 months of death) |
| 14. Malden name | |
| 15 Righnlaced 11 C | Major findings of operations. Date of op. |
| Mila Lithornia L. Most | Autopsy results |
| 6. Informant | PHYSICIAN: Please underline the cause to which death abould be charged statistically. |
| Address / Warning The 140 | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Burial cremation or removal Which?) Date thereo (month) (day) (year) | Accident, suicide, or homicide |
| Francisco | Where did Injury occur? |
| Cemetery or crematory | |
| Location All Manual And | Injured at home, farm, industry, public place (where?) |
| 18. Funeral director. 7 Sitche Tros | Means of injury Injured at work? |
| Address Juppin marlfor 1910 " | - Waver M.V. |
| Inday 1 119 F. H. Bellings | 23. SIGNATURE M. D. or other |
| 19. (Date reald by registrary) | ar Hidrage Maldow Ha nate signed 128148 |

PLEASE/WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible MARGIN RESERVED FOR BINDING

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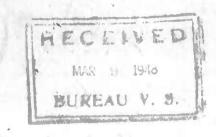
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01884 Reg. Diat. No. 242

| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanto rive residence of mother) State |
|---|--|
| 3. (a) FULL NAME William Wish | of Cryer 3. (b) Social Security Number |
| 4. Sex S. Color or race. S. (a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. 11. 12. 12. 13. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15 |
| 12. Name | Other conditions |
| 16. Informant William Waller Cryer Address 5 1 3 y Inestral Ref freshill | Actopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIGLENCE: It death was due to external causes, till in the tollowing: |
| 17. Barrial (Burial, cremation, or removal. Which?) Cemetery or crematory It. Jane fla Colometery Location Morganya It. Mary Cep Mary Location Morganya It. | Accident, suicide, or homicide |
| Address 317 fa GUE, S. E. 19 Flet 29 - 18 48 Edna F. Collins Registrar | 23. SIGNATURE M. D. of other Address And Shall & Bale slenned Z ~ 2945 |



2411 N. Charles St., Baltimore

FRTIFICATE OF DEATH

Reg. Diat. No. 245

| | | CERTIFIC | ATE OF DEATH Reg. Dist. No | -70 |
|--------------------------------|---|---|---|---|
| 1. PLACE OF DEATH: County | | nits, write RURAL and give nearest town) | state Maryland County Frince Greentwood | |
| 3. (a) FULL NAM | | | 3. (b) Social Securi | t Number |
| 5. (4) PULL NAM | | Isabelle Libran D | | ty Number |
| 4. Sex | 5. Color or race | 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION | |
| Female | White | Widowed | 20. DATE OF DEATH F2 6 TUGRY 29 1048 | |
| 7. Birth date of | **************** | es A. Darling | years and that I last saw h.P.A. alive on F.S.6. 28 | 1948 1948 |
| deceased (mo., day. | | Days It less than one day | Immediate cause of death | DURATION |
| 89 | | hrs. | min. Natural causes due to advance | e.4 |
| 1D. Usual occupation. | xford, Pa None | | Due to Ceneralized ARTERIOSCHERO | J/2 7. |
| 11. Industry or busines | Win Line | ders | Hypertension | |
| 12. Name | *************************************** | | Dither conditions | ***** |
| 04 | England | | (Include pregnancy within 3 months of death) | |
| 14. Maiden name | | 1 | Major fiediogs of operations | |
| 16. Informant | Florence | 1. Darling | Actors results | |
| | O Bunkerh | הם דוו | PHYSICIAN: Please underline the cause to which death should be charge | red statistically. |
| 17Bur | ial n, or removal. Which?) | Date thereof March 2 19 (month) (day) (year | | (State) |
| | | rood | | |
| | | ton, D.C. | Mann of lainer | *************************************** |
| 18. Funeral director | William | n J. Nalley | X 1 0 | 1 |
| Address 320 | 00 Rhode. | ls.Ave., Mt. naini | er, Md. Signature D. V. Claymon, | new |
| 19. Man ch (Date rec'd by r | 2 19 48 egistrar) | Mrs. Jas. Serie | Nel we make so make M. | D. or other |

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

BINDING

FOR

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A Third was a second at the second

MAR 4 1948

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

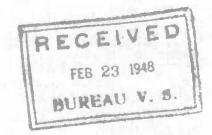
2411 N. Charles St., Baltimore

| 7 | | а. | 1 | |
|---|---|-----|----|----|
| 1 | | 8 | C | 90 |
| | - | AL. | P. | 1 |

CERTIFICATE OF DEATH

Reg. Dist. No. 2 43

| 1. PLACE OF DEATH: | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | |
|--|------------------------|------------------------------|------------------------------------|---|--|
| County Prince Georges | | | State D. C. County | | |
| City or town | | | | | |
| (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? | | RURAL and give nearest town) | City or town Washington | | |
| How long in above pi | ace of death? | days | | (If outside city or town limits, write RURAL and give nearest town) | |
| | or street address when | | | Street No. 128 Virginia Ave., S. W. | |
| | | | torium | (If rural, give LOCATION) | |
| | | 8 days | | 2.(a) It veteran, name war. | |
| 3. (a) FULL NA | ME | | | 3. (b) Social Security Number | |
| | DAY | 15 5 | YLVIA E. | | |
| 4. Sex | 5. Color or race | 6.(a)Sing | rie, married, widowed, or divorced | MEDICAL CERTIFICATION | |
| Female | Negro | M | arried | 20. DATE OF DEATH FEBR. 13 1948 at 640 | |
| 6 (b) Name of husba | and or wite Le | eroy Da | vis | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from | |
| 0.(0) 112.110 01 112000 | | | (c) It alive, give age 30 years | 2/4 19 48 to 2/13 19 4. | |
| 7. Birth date of | | | | and that I last saw h. er alive on 2/13 19 4 | |
| deceased (mo., da | y, yr.) Decemb | per 11, | 1928 | Immediate cause of death DURATION | |
| 8. AGE: Y | ears Months | Days | It less than one day | pulmonary Interculosis 2 mos | |
| 19 | 19 2 | 2 | | | |
| 9 Rirthnlace | Washingto | on. D. | C. | Due to. | |
| J. Dittiplace. | Town House | n, county, and | state) | | |
| 10. Usual occupatio | nouse | ATIE | | Bala | |
| 11. Industry or bust | ness | | N 1137 | Jue 10 | |
| 当 12. Name | John Fran | ncis Gr | ay | Dither conditions | |
| 12. Name | Washingt | | | | |
| | Ernest | tine Pa | tterson | (Include pregnancy within 3 months of death) | |
| 14. Maiden nat | me | ngton, | | Major findings of operations. | |
| ∑ 15. Birthplace | MCOILL | ag our | D. 0. | | |
| 16 Intermed | Deceas | sed | | Autopsy results. | |
| 10. Intermant | | T. 18 . W | | PHYSICIAN: Please underline the cause to which death should he charged statistically. | |
| Address | | | | 22. VIOLENCE: It death was due to external causes, fill in the tollowing; | |
| 17 Ken | over | Date the | real J. ol. 14,1948 | | |
| (Burial, cremat | ion, or removal. Which | 1?) | (month) (day) (year) | Accident, suicide, or homicide | |
| Cemetery or cren | natory | <u>pa4</u> | | Where did injury occur? | |
| to | Washer | ugtor | ~ , D.C | Injured at home, farm, Industry, public place (where?) | |
| Location | 01/ | P | | | |
| 18. Funeral directo | JM. | 110 | West-261 | Means of Injury Injured at work? | |
| Address / | 218- | 1.07 | m 1/2 | () . 0 / / | |
| Address | 200= | 0 | 0000 | 23. SIGNATURE TO Ruel 180 Finillar My | |
| 10 Fr. | l. 14, 19 48 | - / Toc | bland of Plulys | M. D. or other | |
| (Date rec'd by | registrar) | | Registrar | Address Vienn Wall Ma Bate signed 2/13/46 | |



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

| 1. PLACE OF DEA | | -1 | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | |
|---|------------------|---------------|--|--|---|
| | _ | | *************************************** | state Maryland county Prince | Goongola |
| City or town | Srown | mits, write R | URAL and give nearest town) | Brown | |
| How long in above place | | | | City or town (If outside city or town limits, write RURAL and give | nearest town) |
| Hospital, Institution, or | | | | | , |
| | | | | Street No. (if rural, give LOCATION) | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| How long in hospital or | Institution? | | ······································ | 2.(a) If veteran, name war | 220020102000000000000000000000000000000 |
| 3. (a) FULL NAME | | | | 3. (b) Social Securi | y Number |
| | Rose I | lae De | eadwyle | | |
| 4. Sex | 5. Color or race | 6.(a)Singi | eadwyle , married, widowed, or divorced | MEDICAL CERTIFICATION | |
| Female | Colore | ed s | single | 20. Date of Death February 22 19 4 | 8 . 6.00 |
| | | | | 21. I CERTIFY that death occurred on the date above stated; that I attended do | |
| 6.(b) Name of husband | or wife | | ••••••••••••••••••••••••••••••••••••••• | | |
| | | 6.(0 |) If alive, give ageyears | | |
| 7. Birth date of deceased (mo., day, yr |) Amoniat | 16 1 | 997 | and that I last saw halive on | |
| 8. AGE: Years | Months | Days | It less than one day | Immediaia caose ul death | |
| 20 | 6 | 6 | hrsmln. | Shock | |
| | | V | | | |
| 9. 8irthplace Washington, D. C. (Town, county, and state) | | C, | Due to Universal charring burn | 8 0 f | |
| | | | | the entire body | ***** |
| 10. Usual occupation | None | | | Due fo | |
| 1f. Industry or business | | | | | |
| 변 f2. Name | William | Deady | yle Sr. | Dither conditions | |
| f2. Name | tlanta, | Ga. | | | |
| | | | 2 | (Include pregnancy within 3 months of death) | |
| f4. Maiden name | rasie 1 | L. Say | les | Major findings of operations | |
| 15. Birthplace | Georgia | | | Date of op. | |
| W | Hilliam I | rushoof | le | Autopsy results | |
| | | | | PHYSICIAN: Please underline the cause to which death should be charg | ed statistically. |
| Address | N Street | , 5. W | ., Washington | 22. VIOLENCE: If death was due to external causes, till in the following: | |
| 17 Olem | | Date there | 2-23-48 | Accident, suicide, or homicide. Accident Date of | 2/23/48 |
| (Burlal, cremation, | 1 , | 11 ()1 | (month) (day) (year) | Accident, suicide, or nomicide. | Md. |
| Cemetery or cremator | , Droot | 00/0 | dugral/tome | Where did injury occur? Brown P. G. (City or town) HOME | (State) |
| Location U | ashen | atos | ~ LOC. | Injured at home, farm, industry, public place (where?) | • • |
| | 7 91 | 200 | l'in Pan. | Meens of Injury In home that building af work? | - - - |
| 18. Funeral director | 1 - | | 6 | Deputy medical Examiner | the gra! |
| Address | ty all | svel | re, and | | 0 12 |
| 19. 2/2 | 3/1048 | Un | randa Douney | Morestville Md | 2/23/48 |
| (Date rec'd by reg | lstrar) | | Registrar | Address Date signe | T |

information carefully of death clearly and

ADING INK. Supply every item of Physicians: please write the causes

WITH UNFA

PLAINLY, V is especially

FEB 25 1948

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(11888) Rog. Dist. No. 23/

| 1. PLACE OF DEATH: Prince George's | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary and County Prince Geographics | non to | |
|--|---|-------------|--|
| City or town | 5 | | |
| How long in above place of death? | City or town | t town) | |
| Hospital, Institution, or street address where death occurred: | | | |
| | Sirest No | | |
| How long In hospital or institution? | 2.(a) It vetsran, name war | • | |
| 3. (a) FULL NAME | 3. (b) Social Security Nu | mber | |
| William Deadwyle Jr | | | |
| 4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| Male Colored Single . | 20. DATE DF DEATH. February 22 19 48 ,at | 6:00A | |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased | d from | |
| S,(c) If alive, give age | | 19 | |
| 7 Dith data at | and that I last saw halive on | 19 | |
| deceased (mo., day, yr.) December 21, 1932 | Immediate cause of death | DURATION | |
| 8. AGE: Years Months Days It less than one day | Shock | ******** | |
| 15 2 1hrsmla. | | | |
| 8. Birthplace Washington, D.C (Town, county, and state) | niversal charring burns | | |
| | of the entire body | | |
| 1D. Usual occupation. None | Due to. | | |
| 11. Industry or business | | .,,,.,. | |
| ¥ 12. Name William Deadwyle Sr | Dither conditions. | | |
| E 13. Birthplace Alanta, Ga. | | | |
| | (Include pregnancy within 3 months of death) | | |
| F i | Major findings of operations. | | |
| | Date of op | | |
| 16. Informant William Deadwyle | Autopsy results. | | |
| Address 111 N Street S. W., Washington, | Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged sta | tistically. | |
| 101 | 22. VIOLENCE: It death was due to external causes, till in the tollowing; | | |
| (Burial, cremation, or remove. Which?) (Burial, cremation, or remove. Which?) (Burial, cremation, or remove. Which?) | Accident, suicide, or homicide. Accident Date of 2/2 | | |
| Complex or cramatory Brooker Tuneral / Home | Brown Pr. Geo. | Md. | |
| 1 | (City or town) HOME | June (C) | |
| Location Washing ton, D. C. | Means or injury house that burnedjurd own | ***** | |
| 18. Funeral director To Daschis Jong | | | |
| Address His attiville, Ind. | Deputy Medical Examiner | 1 | |
| AUDIESS FFG W TANDE T THE | 23. SIGNATURE CLASSIC MAD. OF | 20 | |
| 19. 2/23 1948 Umanda Douney | Forestville, Md. 2/0 | (48) | |
| (Date rec'd by registrar) Registrar | AddressDate signed | | |

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING

PLEASE WRITE

FEB 25 1948

FOR BINDING

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01889 Reg. Diat. No. 245

CERTIFICATE OF DEATH

| PLACE OF DEATH: ounty | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give realdence of mother) State Dist. of Columbia County — City or town Washington (If outside city or town limits, write RURAL and give nearest town) Street No. 1616 E St., S. E. |
|---|--|
| low long in hospital or institution? | (If rural, give LOCATION) 2.(a) If veteran, name war |
| (a) FILLI NAME | 23.(b) Social Security Number None |
| 1. Sex School School Single, married, widowed, or divorced married | MEDICAL CERTIFICATION 20. DATE DE DEATH. 7-6. 26 1948 of 1:34 A |
| 6.(6) Name of husband or wife. William Franklin Decatur 6.(c) If alive, give age 75 | 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19.4 |
| deceased (mo., day, yr.) Dec • 31, 1875 | Immedial care of death willigh cerebral anidest / yes |
| 9. Birlhplace | Due to. Unebral artemoraleros unforma |
| 12. Name Strother Alexander Shackelford Virginia | Other conditions Decendary anemia /yea |
| 14. Maiden name Elizabeth - Mohoney 15. Birthplace Virginia | (Include pregnancy within 3 months of death) Major findings of operations |
| 16. Informant Mrs. Edith M. Kendall-Daugh. Address 1808 Bay St., S. E., Wash., D. C. 17. (Burial, cremation, or removal, Whigh?) Cemetery or crematory. Location Mrs. Edith M. Kendall-Daugh. Date thereof (mostly) (year) Location Mrs. Edith M. Kendall-Daugh. 18. Funeral director Mrs. (mostly) (year) 19. 4 day 26.19 48 Mrs. Accepted | Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide |
| (Date rec'd by registrar) | Address Date signed. |

FEB 27 1948 BUREAU V. S.

2411 N. Charles St., Baltimore

01890

| CERTIFIC | AIE OF DEATH Reg. Dist. No. |
|---|---|
| 1. PLACE OF DEATH: County Prince Georges | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| | State Hashingtongunty D.C. |
| (If outside city or town limits, write RURAL and give nearest town) | City or town Markington |
| How long in above place of death? | (If outside city or town mits, write RURAL and give nearest town) |
| Hospital Institution, or street address where death occided: | Streel No. 12 1 5 - St. JE. |
| Congres Services Rayon | (If rural, give LOCATION) |
| How long In hospital or Institution? | 2.(a) If veleran, name war |
| 3. (a) FULL NAME Mrs. Leanna Dial | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Female White Widowek | 20. DATE OF DEATH 4 LL. 98 19 48 11 735 P |
| 8.(b) Namo of husband or wife C. Wial | 21. I CERTIFY that death-occurred on the date above stated: that I attended deceased from |
| histopher Tolember 6.(c) It alive give age | teb. 24, 19 48, 10 steb. 28, 19 48 |
| 7. Birth dato of 1 1 - 7kg 1000 | and that I last saw h. Q.1/ alive on |
| | Immediate cause of death. 7. / |
| 0. AGL. | Chemia Zwes |
| . 8/ 0 33hrs. | min. |
| 9. Birthplace MC Leansburo (Town, count), and state) |) Due to Mephro selevous : year. |
| (Town, county, and state) | 4 0 |
| 10. Usual occupation. Housing | Que to Isslubal kept flusion ? 4005. |
| 11. Industry or business Farmer. | |
| 12. Name Hilliam Manaell | Other conditions Cerefrol Nascular 4 day |
| | a ccided (bournhage) |
| 14 Maidon name Quely Ventress | (Include pregnancy within 3 months of death) |
| - I I I I I I I I I I I I I I I I I I I | Major findings of operations |
| 15. Birthplace Dennessee, Calcumbia | Date of op. |
| 16 Informant Mrs Lena Bingman | Autopsy respits. |
| 11 = 1 16 1had a | PHYSICIAN: Please nuderline the cause to which death should be charged statistically. |
| Address ALS - ST. S.C. Wash. D.C. | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Burial, cremition, or removal, Which?) Date thereof | Accident, suicide, or homicide |
| Comptery or crematory Lemmile Century M. C. Seamed of | Where did Inlury occur? |
| Cemetery or crematory Services | (City or town) (County) (State) |
| Location Jel. | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director John Lee Sons Co | Msens of Injury Injured at work? |
| Address /300 4 St MED | 23. SIGNATURE St. C. Schaffenberg, Jr. 144. |
| 10 Felse 29 1048 man Jan Doureno | all I help brightne |
| (Date rec'd by legistrar) | strar Address 4404 Luceus bury Rd, Riverdale, Dato signed feb. 24, 19 |

BINDING FOR RESERVED MARGIN

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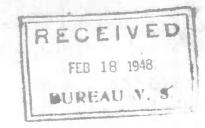
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01891

CERTIFICATE OF DEATH

| CERTIFICAT | Reg. Diat. No. |
|--|--|
| 1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? How long in hospital or institutor? | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
| 3. (a) FULL NAME Mary Checa Dyl 4. Sex 5. Color or use 640) Single, married, widowed, or divorced White Widowed | 3. (b) Social Security Number MEDICAL CERTIFICATION 2D. DATE DF DEATH |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I abbides degrased from 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19 |
| 8. AGE: Years Months Days It less than one day | Due 10 (46/48-45) |
| 11. industry or business 12. Name Auroso & Wigoly. 13. Birthplace Auroso Va | Dither conditions (Include pregnancy within 3 months of death) |
| 16. Informant Mother James Out Hame: | Major fiedings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address 17. Date thereot (month) (day) (year) Cemetery or crematory. | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |
| 18. Funeral director JUNA DES Similes Address 3000 4 A N.E D.E. | Injured at home, farm, Industry, public place (where?) Msans of Injury Injured at work? 23. SIGNATURE TOWARD IN THE TOWARD IN THE PROPERTY OF THE PROPERTY |
| 19. 2/16 1948 Amanda Dourses (Date ree'd by registrar) Registrar | 23. Stona Date. M. D. or other 28 Address Park Ingles signed 1/14/48 |



| | | | 2411 N. C |
|--|--------------------|----------------|---|
| | | | CERTITIC |
| 1. PLACE OF DEATH | | 0 | |
| County | | | |
| City or lown(If outside | Glenn | Dale, | Maryland JRAL and give nearest town) |
| How long in above place of d | eath? | one y | ear, 16 days |
| Hospital, institution, or stre | et address where d | eath occurred: | |
| Glenn 1 | ale Sana | | |
| How long in hospital or Inst | itution? | year, | 16 days |
| 3. (a) FULL NAME | Danc | P - | 101 = |
| | DODG | 5,5 | ガベム た。 |
| 4. Sex 5. | Color or race | 6.(a)Single. | married, widowed, or divorced |
| Male | White | Marr | ied |
| | | | |
| 6.(b) Name of husband or w | ife Gladys | E. Ni | ckols Dodge |
| anda's wanne as managing as in | | | If alive, give age |
| 7. Birth date of | **************** | 5.(e) | IT alive, give age |
| deceased (mo., day, yr.) | June 22 | , 1902 | |
| 8. AGE: Years | Months | Days | If less than one day |
| 45 45 | 7 | 27 | hrs |
| | aba mater | | |
| 9. Birthplace | NOT BILLING | ounty, and at | ate) |
| 10. Usual occupation | | | |
| | | | |
| 11. Industry or business | 1 4 | . 1 | |
| 12. Name | | 0 | |
| 13. Birthplace | Washingt | | |
| 14. Maiden nameR.C | ose Bisho | p | |
| E 15. Birtholace | Washingto | n, D. | C. |
| |)ooooood | | |
| 16. InformaniI | Jeceased | | *************************************** |
| | | | |
| Address | | | |
| Address B |) | Data there | 7.015100 |
| 17 Burias | removal, Which?) | Date there | of |
| 17 Burial |) | Date there | of Jack Jak (year) |
| Burial, cremation, or Cemetery or crematory | removal, Which?) | Date there | (month) (day) (year |
| 17. Burial, (Burial, eremation, or | removal, Which?) | Date there | (month) (day) (year |
| Burial, cremation, or Cemetery or crematory | removal, Which?) | Date there | (month) (day) (year) |
| (Burial, cremation, or Cemetery or crematory) Location | Pack C | rech (| (month) (day) (year |
| 17 | Pack C | rech (| (month) (day) (year) |

| State D. C. C. | ounty | |
|---|---|---|
| City or townWashington(If outside city or town limi | te write RIBAL and give | macraet town) |
| Street No. 4470 Resevoi | | |
| (If rural, giv | e LOCATION) | * |
| 2.(a) If veteran, name war | 3. (b) Social Secur | ity Number |
| | | |
| MEDICAL C | ERTIFICATION | PW - |
| 20, DATE OF DEATH. | Ornary 18 1948 | 2:159 |
| 21. I CERTIFY that death occurred on the date at | | |
| Feb- 1 19 | 42 to Feb | -19 19 48 |
| and that I last saw h. A. Inchalive on | Felr | 18 19.48 |
| Immediate gause of death | | DURATION |
| Immediate cause of death Submorrary Tube | ıculois | 12 400 |
| / | | |
| Due to | | *************************************** |
| | *************************************** | |
| Due to | | |
| | | |
| Other conditions | *************************************** | |
| (Include pregnancy within 8 | months of death) | |
| Major fiedings of operations | | |
| Major Rodings of operations. | | |
| Antopsy results | | *************************************** |
| PHYSICIAN: Please underline the cause to | which death should be char | ged statistically. |
| 22, VIOLENCE: If death was due to external c | auses, fili in the following; | |
| Accident, sulcide, or homicide, | | |
| Where did injury occur?(City or town | | |
| Injured at home, farm, industry, public place (| | |
| Msans of Injury | Injured at work? | |
| | | |
| | 1 | |

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MAR 2 1948

2411 N. Charles St., Baltimore

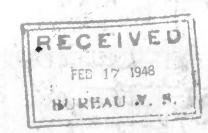
CERTIFICATE OF DEATH

01893

| / | Reg. Dist. No | λ |
|--|--|---|
| City or lown (If outside city or lown mits, write RURAL and give nearest town) | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in ants give residence of mother) State Countill Cou | ۵. ۵. |
| How long in above place of death? The street address where death occurred: How long in hospital of institution? | City or town (If outside city or town limits project RURAL and give near Street No (If rural, give LOCATION) 2.(a) If veteran, name war | rest town) |
| 3. (a) FULL NAME Donna maria de | 3. (b) Social Security M | lumber |
| 4. Sex 5. Color or race 6.(a)Single, marfied, wildowed, or divorced | MEDICAL CERTIFICATION 20. DATE OF DEATH. 7 194 5 | al 8/-10/3 |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended decea | sed from |
| | | 19 |
| 7. Birth date of | and that I last saw halive on | 19 |
| 8. AGE: Years Months Days If less than one dayhrsmin. | Immediate cause of death | DURATION |
| 9. Birthplace (Town, county, and state) | Due to Brenchopreumon | |
| 1D. Usual occupation | Due to | *************************************** |
| 12. Name | Diher conditions | |
| 14. Maiden name Vergries 15. Birthplace West Wirginia | Major findings of operations | |
| 16. Informan Mr. Roy L. Landley | Autopsy results | tstistically. |
| 17. Burial Burial, cremation, or removed. Whiteh? | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide | • |
| Cemetery or crematiry | Where did injury occur? | (State) . |
| Location of Charles and Charles | Injured at home, farm, industry, public place (where?) Meens of injury A injured at work? | |
| Address Lawel Sura | Aleputy medical Har | me |
| 74 65 (Date rec'd by registrar) Registrar | 23. SIGNATURE D. D. Date signed | -15-48 |
| | | |

PLEASE WRITE PLAINLY,

MARGIN RESERVED FOR BINDING



5.30 St. 170.

A good water and the

Bearing Capacity

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH



01894

| CERTIFICA | Reg. Diat. No. | ********** |
|---|---|----------------|
| 1. PLACE OF DEATH: County July Of town High County or town limits, write RURAL and give nearest town) | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newtorn infants give residence of mother) State | |
| How long in above place of death? Hospital, institution, or street/address where death occurreds Mother Jones Kest Name | (If outside city or town limits, write RURAL and give newest town Streel No. (If rural, give LOCATION) | lee } |
| How long in hospital or institution 2 days | 2.(α) It veteran, name war | |
| | 23. (b) Social Security Number | |
| 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced tenuale white married, | MEDICAL CERTIFICATION 20. DATE DE DEATH 19.48 31 / C | 05p |
| 8.(b) Name of husband or wis Class & LD Dugare 6.(c) If allve, gife age year | 21. I CERTIFY that death occurred on the date above stated; that I attempted deceased from | |
| 7. Birth date of deceased (mo., day, yr.) august 31 -1876 | and that I last saw h Lallve on 7 40 15 | 19.4.8 |
| 8. AGE: Years Monds Days It less than ooe day | Carcinona 1 peart 2 | URATION Z. Yes |
| 9. Birthplace Charles Co-Md (Town, county, and atgte) | Due to. | ••••••• |
| 10. Usual occupation Houseworfe | Due to | |
| 11. Industry or business. 12. Name Stand | Other conditions Cerebral arteractions | 4 44 |
| 13. Birthplace Charles to Mag | (Include pregnancy within 3 months of death) | |
| 15. Birthplace Charfes Co Md | Major findings of operations | |
| 16. Interment MM albert W Dugane Address, 5614 New Hausshner But UE | Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistical | Ny. |
| 17. But Bate thereal (month) (day) (yeg) | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide | |
| Cemetery or cremenory Truly Church Centeley | Where did Injury occur? | |
| 18. Funeral director ADM dee Sons Co | Injured at home, farm, Industry, public place (where?) | |
| Address 300 - 4th St NE | 23. SIGNATURE Blass Harristner > | n.D. |
| 19. 2/27 1948 Amanda Doune, (Date rec'd by registrar) Registra | 1/2 2 . Qual thous la 34. M. D. or other | 75/4 |



WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

WRITE PLAINLY, is especially

PLEASE

VS A15 9

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95 f

()1895 Reg. Dist. No. 231

CERTIFICATE OF DEATH

| ity or town(1) low long in above pla lospital, institution, | ce of death? Tran or street address where of or Institution? | mits, write RU Sient death occurred: | RAL and give nearest town) | 2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a state Maryland Councilly or town | ely Prince Geo write RURAL and give nea 2, Brandywin LOCATION) | rest town) |
|---|--|--|--------------------------------------|--|---|----------------|
| l. Sex | 5. Color or race | | married, widowed, or divorced | MEDICAL CI | ERTIFICATION | |
| Male | White | | ried | 20. DATE OF DEATH February | | .at 3.t. 06PI |
| | .е | ber 11 | Varginia If alive, give age 29 years | 21. I CERTIFY that death occurred on the date abo | , 10 | 19 |
| B. AGE: Yes | Months 1 | Days | If less than ons dayhrsmin. | Acute congestive | heart failu | re |
| | Pennsylva (Town. | | ste) | Due 10. Rheumatic heart | disease | |
| 1. Industry or busin | | • | | Due fo | | |
| | William Pennsy | | ie | Other conditions | | ••••• |
| 변 14. Maiden nam | Tessie | Thoma | S | (Include pregnancy within 8 n | | |
| 16. tnformant | Pennsy Gertiru #2, Bran | de Vir | ginia Dulskie | Autopsy results | | statistically. |
| Bur | on, or removal. Which?) | Date thereo | mar 3, 1948 (nonth) (day) (year) | 22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide | Date of | |
| Cemetery or crema | wash | ngto | n Sle. | Whers did Injury occur? | here?) | (State) |
| 18. Funeral director | 1 Sylv | Usy | lle md1 | Means of Injury | tnjured at work? | nenei |
| 19. (Date rec'd y | 2 048 | () | nda Douner, Registrar | 23. SIGNATURE FORESTALL | L Lun Date signed | 2.29-48 |



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11890 Reg. Dist. No. 243

| 1. PLACE OF DEATH: Prince Georges | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|---|---|
| Clarry Dela Marriand | State |
| City or town | 385 - 21-3 4 |
| the last tracks about 4 days 2 mag 3 days | City or town Washington (If outside city or town limits, write RURAL and give nearest town) |
| How long in above place of death? | Sireel No. 80 G. Street, S. W. |
| Glenn Dale Sanatorium | (If rurat, give LOCATION) |
| | V |
| How long in hospital or institution?9 mos 3 days | 2.(a) If veleran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| | J 1 |
| Female Negro Single | 20. DATE OF DEATH Telruary 12 18 48 at 1-P |
| A Charles and the charles are | 21. I CERTIFY that death occurred on the date above stated; that Laffended deceased from |
| 8,(b) Name of husband or wife | may 8 10 47 17 15 12 10 40 |
| 7. Birth dafe of | and that I last saw h. ex alive on Fet. 12 18 43 |
| deceased (mo., day, yr.) October 7, 1926 | Immediate cause of death OURATION |
| 8. AGE: Years Months Days If less than one day | Pulm ansery (wherever |
| 21 21 lı 5min. | 1-11- |
| | |
| B. Birthplace Washington, D. C. (Town, county, and atate) | Due to. |
| | |
| 10. Usual occupation. Newsce musical | Due to |
| 1). Industry or business | |
| Macy Dunlop | Other conditions. |
| Vine Coores Co Vincinia | |
| | (Include pregnancy within 3 months of death) |
| Marie Johnson | Major findings of operations |
| Marie Johnson 14. Malden name King George Co., Virginia | major randings of operations |
| | |
| 16. Informant Deceased | Antopsy results |
| Address | |
| TO 8 T. D. 13, 1910 | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Burial, cremation, or removal. Which?) Date thereof. J. 13/ 945 (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory | Where did Injury occur? |
| Cemetery of Cremetory | |
| Location to Washington | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director ONN T & hines + CA UT & Sangler | Masans of Injury Injured at work? |
| Del DWCL-CW | 0) .000. |
| Address 90/ 374 57 5,1%, | 23 SIGNATURE X and LED Finices MX |
| I P 13 W = IX world of Phylips | OP (1) 1 M. P. M. D. or other |
| (Date rec'd by registrar) (Date rec'd by registrar) | Address Vienn Hall 119 Oate signed 2/12/V |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly and

MAR 2 1948 BUREAU V. S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

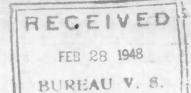
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| 7 | 2 | 0 |
| - 1 | | - |

01897

CERTIFICATE OF DEATH

Reg. Dist. No....

| 7 | |
|---|---|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| County | State Md county S. Ha. |
| (If outside city or town limits, write RURAL and give nearest town) | R D D A A |
| How long In above place of death? | City or town (It ontside city or town limits, write RURAL and trive nearest town) |
| Hospital, tastitufion, or street address where death occurred: | Street No. Jural Dellegalla |
| | (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3.(a) FULL NAME Alice Morenda Nu | vall 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Female W Smale | 20. DATE OF DEATH 26 Feb 19.4.8. at 253 P.M |
| | 21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from |
| B.(b) Name of husband or wife | 18 46, 10 26 Feb 10 48 |
| 7. Birth date of | and that I last saw h. E. K. alive on |
| deceased (mo., day, yr.) | Immediate cause of death OURATION |
| 8. AGE: Years Months Days If tese than one day | Cardiac Mufferency 4 mas |
| 89 4 18hrsmin. | A. A |
| 9. Birthplace Upper Man (Town, county, and state) | Oue to la la suprelle de la |
| 10. Usual occupation | January Misecias |
| | Due to |
| 11. Industry or business | |
| 12. Name Bengain Franklin Ilwardl | Other conditions |
| | (Include pregnancy within 3 months of death) |
| 14. Malden name dusan das ett | Majer findings of eperations |
| 2 15. Birthplace 1 1000 60 per | Qate of op |
| 18. Informant Pros John Joy Ling | Autopsy results |
| Address Valaber Marthon The | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 0 11 12 18 | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Buriai, cremstion, or removal. Which?) (month) (dsy) (year) | Accident, eutcide, or homicide |
| Cemetery or crematery St Thomas | Where did Injury occur? |
| Location Croom one | Injured at home, farm, industry, public place (where?) |
| 18. Funeral director Statechite Bras | Moans of Injury Injured at work? |
| (1.11, at the made of | pnd. |
| Address Shiper Marchano Mil | 23. SIONATURE M. D. OF THESE |
| 19. (Date rec'd by registrar) (Date rec'd by registrar) | Address WARES Marlint And Date signed 26 Feb 48 |



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MARYLAND STATE DEPARTMENT OF HEALTH.

2411 N. Charles St., Baltimore

PTIFICATE OF DEATH

01898

| CERTIFICAT | TE OF DEATH Reg. Dist. No. 240 |
|--|---|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State |
| LEONARD HOLLIDAY EAR | 3. (b) Sociel Security Number |
| 4. Sex 5. Color or race Market FD 6.(a) Single, married, widowed, or divorced Market FD | MEDICAL CERTIFICATION 20. DATE OF DEATH. FCB. 22 1948 21 |
| 6.(6) Name of husband or wife MARGARET ROBINSON EARLY 6.(c) If alive, give age 61 years 7. Birth date of JULY 24 1876 | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from PNUPLY 19. Lo. FEBLUARIO S. and that I last saw h. IMI. alive on |
| 8. AGE: Years Months Days It less than one day 7/ 6 28 | Immediair cause of death CARDIO VASCULAR COLLAPSE |
| 9. Birthplace | GENERALIZED) + PULMONARY CONGESTION- BUE TO PROBABLE GEN, CARCINAMATOSIS |
| 12. Nome. JAME A. CAPLY 13. Birthplace BRANDYWINE, MP | Other conditions CHIROWIC ANORREYIA |
| 14. Maiden name Emma C. BERRY 15. Birthplace Forrestville, Prince Georges, Tha | (Include pregnuncy within 3 months of death) Majur findings ut operations |
| Address Brandywne Md. OAUGHR | Antupsy results |
| (Buriul, cremation, or removat. Which) Date thereof (month) (day) (year) | 22. VIOLENCE: tt deeth was due to external causes, till in the following; Accident, suicide, or homicide |
| Cometery or crematory a strange to the strange to t | - Where did Injury occur? |
| 18. Funeral director Patella Droffies Address Chaus Marloon Tolland | Mosns of Injury Injured at work? |
| 19. Filt 24 19.48 J. H Billingsley (Date rec'd by registrar) | 23. SIGNATURE |

FEB 26 1948

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9-45-15M

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PLEASE

A15 VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01890 239 Reg. Dist. No. 239

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|---|---|
| County PRINCE GEORGES | State MARYAND COUNTY PRINCE GEORGES |
| City or town | |
| How long in above place of death? 20 you | City or town |
| Hospital Institution, or street address where death occurred: | Street No. 409 WASh My Tox Blud |
| 409 Washington Blud - LAUREL, Md | (If rural, give LOCATION) |
| How long In hospital or institution? | 2.(a) If veteran, namo war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| SARAh VIR 9 IN IA Ellio + 7 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| FEMALE WHITE WIDOW | 20. DATE OF DEATH 2/ / 1965 01 9 4 0 4 |
| 6.(b) Namo of husband on wife William NimRod | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| | 19.3 D to 2 / 19.66 |
| 7. Birth date of | and that I last saw h. e.aalive on |
| deceased (mo., day, yr.) NOVEMBER 5, 1872 | Immediate cause of death Control DURATION DURATION |
| 8. AGE: Years Months Days If less than one day | Hemorphic 2 h |
| 75 2 26hrs | in. |
| 9. Birthplace Pen NA (Town, county, and state) | Que to Auserlines 199 |
| (Town, county, and state) | |
| 10. Usual occupation School Teacher | Bus to |
| 11. Industry or business | SUE IV. |
| | Biber conditions |
| 12. Name Amos Bender 13. Birthplace Gettysburg Penna | Wher conditions |
| | (Include pregnancy within 3 months of death) |
| 14. Maiden name Elizabeth Sleechter | Major findings of operations |
| 15. Birthplace Chambers barg Penna. | Date of op. |
| 18. Interment RAY ElliOTT (SON) | Autopsy results. |
| | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address 409 WashingTon Blod, Laure! M | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| Burial, cremation, or removal. Which?) Date thereof. 2 - 3 - 48 (month) (day) (year) | Accident, suicide, or homicide |
| (Burial, cremation, or removal. whien) (month) (day) (year) | |
| Cemetery or crematory | Where did injury occur?(City or town) (County) (State) |
| Location LAURE! MARY/AND | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director Ridgley Selby | Means of Injury Injured at work? |
| Address 40/ WASH. Blud. LAUREL Md | 1 Sollow |
| 1 - 2 My Dar & World | 23. SIGNATURE M. D. or other |
| 19. (Date rec'd by registrar) | rar Address AMM Dato signed 2, 3,45 |

FEB 6 1948

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WRITE PLAIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

019110 Reg. Diat. No. 243

| 1. PLACE OF DEATH: County Prince Georges City or town Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 4 yrs., 2 mos., 10 days Hospilal, Institution, or street address where death occurred: Glenn Dale Sanatorium How long in hospital or institution? 4 yrs., 2 mos., 10 days | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate |
|---|--|
| JANNAH M. EVA | NS 3. (b) Social Security Number |
| female negro single | MEDICAL CERTIFICATION 20. DATE OF DEATH |
| 6,(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 13, 18 43, 10 Jel 24, 19 4 8 and that I tast saw h. Lon., alive on Jel 23, 18 4 8 |
| 8. AGE: Years Months Days If less than one day 30 30 9 26 | Duration Durang Tulerculoris 5 yrs, 4 n |
| 9. Birthplace Leonardtown, Maryland (Town, county, and state) 10. Usual occupation Maid 11. Industry or business 12. Name J. H. Evans 13. Birthplace ? Maryland | Due to |
| 13. Birthplace ? Maryland 14. Maiden name Hannah Bender 15. Birthplace ? Maryland | (Include pregnancy within 3 months of death) Major findings of operations. |
| 16. Informant Deceased Address | Antopsy results |
| 17. Per aval Nurshall Date thereof (month) (day) (year) Cemetery or crematory. Location | 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide |
| Address 434- RST. N.W. 19. Freb- 24, 19 48 Rowland & Philips | 23. SIGNATURE Daniel Leo Finican MD M. D. or other |

RECEIVED MAR 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, is especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

107

01901

CERTIFICATE OF DEATH

Rev. Diat. No. 231

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|--|
| county County | |
| City or town | State County County |
| How long In above place of death? 7 | (It outside city or town limits, write RURAL and give nearest town) |
| Hospital, Institution, or street address where death occurred: | Street No. Len arlan Parleway |
| How long in hospital or institution? | (If rural, give LOCATION) |
| 3. (a) FULL NAME | 2.(a) It veteran, name war |
| Joyce Francine 7 | 3. (b) Social Security Number |
| 4. Sex 5. Color of race 8.(a)Single, married, widowed, or divorced Authorized | MEDICAL CERTIFICATION 20. DATE OF DEATH PS 1048 at 1/27 |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated: that I attended decessed from |
| 7. Birth date of | and that I last saw h |
| deceased (mo., day, yr.) | Immediate cause of death |
| 8. AGE: Years, Months, Days It less than one day | acute pulman |
| hremin. | adenta) |
| 8. Birthplace | Due to Doffic Imporadelis |
| 10. Ueual occupation | and the same of th |
| 11. Industry or business | Due to |
| 12. Name Cugene Orthun Ferguson | Dther conditions |
| S D | (Include pregnancy within 8 months of death) |
| 15. Birthplace | Major findings of operationa |
| 2 15. Birthplace | Dale of op. |
| Address Plan Arlen | Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Burial Bate thereat 2/5/48 | 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide, |
| (Burial, assessmention, or removed. Which?) | We will do not be a second of the second of |
| Cemetery or crematory | Where did Injury occur? (City or town) (County) (State) |
| Location | Injured at home, tarm, Industry, public place (where?) |
| 16. Funeral director Lasels Sons | Msans of Injury Injured at work? |
| Address Syallerille Mil | my manage grand |
| 18. Feb 5 Amanda Howney (Date rec'd by registrar) Registrar | Address Torestello W. Bate elegand 2-4-48 |
| | |



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

138

01902

CERTIFICATE OF DEATH

Reg. Dist. No. 243

| | | | | | 1000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | |
|---------------------------------------|------------------------------|-----------------|---|--|--|---|
| 1. PLACE OF I | Danine | e Geor | ge. | 2. USUAL RESIDENCE (HOME) (For newborn infants give residence of | OF DECEASED: | |
| County | | | | State De Co County | | |
| | | | S | Cily or town Washington | its, write RURAL and give ne | anast tamm) |
| Hospital, Institution, | or etreet address where | e death occurre | d: | | | |
| *********************** | Glenn Da | le Sana | torium | Street No. 937 E. Street, S. W. (Ifrural, give LOCATION) | | |
| How long in hospital | or Institution? | ll days | *************************************** | 2.(a) It veleran, name war | | V |
| 3. (a) FULL NA | | EWEL | L MARY | | 3. (b) Social Security | Number |
| 4. Sex | 5. Color or race | B.(a)Sing | e, married, widowed, or divorced | MEDICAL (| CERTIFICATION | |
| Female | White | D | ivorced | 20, DATE OF DEATH FORZ. 1 | 7, 19.48 | 99 |
| 6.(b) Name of husba | nd or wifeCu | rrie Fe | well | 21. I CERTIFY that death occurred on the date a | bove slated; that I attended doce | eased from |
| 17 0 | | | c) If alive, give age36years | 2/5 | | |
| 7. Birth date of deceased (mo., da | | 26, 19 | | and that I last eaw h. Commalive on | , | |
| | are Months | Days | If less than one day | Immediate cause of death Tube | relosis | DURATION |
| 36 3 | 6 9 | 22 | hrsmln. | puning | | 7,200 |
| 9. Birthplace | Charlotte | esville | Virginia | Due to. | | * |
| 3. Billingiaec | (Town | county, and | atate) | | | ** ************************************ |
| 1B. Usual occupatio | , Usual occupation Housewife | | | Due to | | |
| 11. Industry or bush | | | | | | |
| 12. Name | Herbert H | arler | | Diher conditions | | |
| | Charlotte | esville | , Virginia | (Include pregnancy within | 9 months of dooth) | |
| 14. Maiden nam | Anna Ea | aston | | Major findings of operations | | |
| M 15. Birtholace | Charlot | tesvill | e. Virginia | Major hadings of operations | | |
| | Decense | a | | Autopsy results. | | |
| | Decedae | wi | | PHYSICIAN: Please underline the cause to | which death should be charged | statistically, |
| Address | - 8 | | 2/15/48. | 22. VIOLENCE: If death was due to external c | | |
| (Burial, cremat | ion, or removal. Which | Date then | (month) (day) (year) | Accident, euicide, or homicide | Date of | *************************************** |
| Cemetery or crem | atory | | | Where did Injury occur?(City or town | (County) | (State) |
| Lagation A | on Was & | unato | m, D.C. | Injured at home, farm, Industry, public place | | |
| LOCATION LOCAL CO GEO | | | 1 (0 00 | Meane of Injury | injured at work? | |
| 1B. Funeral director | | - Luci | y 00 co | | 0 1. | |
| Address 3 | 7-11 | 26 | | 23. SIGNATURE & Lancel A | 80 Finerca | W MIX |
| 10 I. | el. 18 1948 | Ita | wland & Philip | 8 AL ()-0 | M.D. | or other |
| (Date rec'd by | registrar) | / Оп.М. | Registrar | Address Veny Was | Date signed. | 4/17/4 |



FEB 18 1948 , BUREAU V. S.

PLEASE/WRITE

corpect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 243

| 1. PLACE OF DEATH: | 2 HOHAL DECIDENCE (LYONATE) OF DECIDEN |
|--|--|
| County Prince Georges | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| 77 7 7 7 | The Control of the Co |
| (If outside city or town limits, write RURAL and give nearest town) | |
| How long in above place of death? 1 MOS . 23 Cays | City or town. Washington (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, Institution, or street address where death occurred: | 7).72 000 04-0-4 37 37 |
| Glenn Dale Sanatorium | (16 mars) who I OCCAMINATE |
| How long in hospital or institution? 1 mos., 23 days | H . |
| 3. (a) FULL NAME FLOOD | 2.(a) If veteran, name war. |
| | 3. (b) Social Security Number |
| | M. C. FLOOD) 578-01-9881 |
| 4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Male Negro Single | |
| | 20. DATE DF DEATH February 29 1948 21 7 5 A |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the fate above stated: that I attended deceased from |
| 7. Olah dala ad | 10.11.1. |
| s. birth date of | and that I last saw h 1 24 alive on 7 lbury 2 9 19 48 |
| deceased (mo., day, yr.) June 11, 1916 | |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death DURATION |
| 31 31 8 15hrsmin | Pulmonary Juberculoses 13 mo |
| 9. Birthplace Roanoke, Virginia | |
| 9. Birthplace ROBIOKE, VIRGINIA (Town, county, and state) | Due to |
| 10. Usual occupation Waiter, Bus-boy | |
| to. Osual occupation | Due to |
| 11. Industry or business | |
| James Flood 13. Birtholace Roanoke, Virginia | |
| 13. Birthplace Roanoke, Virginia | Dther conditions. |
| | (Include pregnuncy within 3 months of death) |
| The manufacture figures and the second secon | |
| \$ 15. Birthplace Roanoke, Virginia | Major findings of operations |
| 16 Informant Deceased | Date of op. |
| 16. Informant Deceased | Autopsy results |
| Address | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Romans/ 1/20/10 | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| 17. Remova Bate thereof March 1 1948 (Burial, cremation, or removal, Which?) | Accident, suicide, or homicide |
| Cemetery or crematory | |
| | Where did injury occur? (City or town) (County) (State) |
| Location 1/28 hing for 1), C | Injured at home, farm, industry, public place (where?) |
| 18. Funeral director & E. Murray & Son | Means of Injury tnjured at work? |
| 1 | O W |
| Address 1337-10-87. NW. Wash. D. C | (/) 0 // 41. |
| M-1 1 15 12. 0 1 0000 | 23. SIGNATURE ARD FINECON MIX |
| (Date rec'd by registrar) 19 4 0 1 toward & 1 hulls. | I la Chala ms M. D. or other |
| Registrar | Address Date signed 2 29 148 |

RECEIVED MAR 8 1948

BUREAU V. S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

CERTIFICATE OF DEATH

()1915 Reg. Dist. No. 443

| V | A |
|---|--|
| 1. PLACE OF DEATH: Soryer | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For new born infants give residence of mother) |
| City or town. (If outside city or town limits, write RURAL and give nearest town) | State Cognition Cognition State |
| How long in above place of death? | City or town lights, write RURAL and rive persest and |
| Hospital, Institution, or street address where death occurred | Street No. 4/98 - Sulver Aller |
| | irraral give occations |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| LAPPHEDWIN GalloWAY. | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a)Single, married, widewed, or divorced | MEDICAL CERTIFICATION 20 |
| M w married | 20. DATE OF DEATH Feb 10 19.98 at 12 A M |
| 6.(b) Name of husband or wife Marjarie Cane Galloway | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 6.(c) It alive, give age 560 years | Oct 6 1947, 10 Tel-10 1948 |
| 7. Sirth date of | and that I last saw h Anna alive on 1997 |
| deceased (mo., day, yr.) Sept. 1 Days I I less than one day | Immediate couse of death Acul |
| o. Ada. | Coronary Turoubocce 2 hrs. |
| 3 8 hrsmin. | |
| 9. Birthplace (Town, county, and state) | Due to James at arter |
| | and the state of t |
| 1D. Usual occupation | Due to |
| 11. Industry or business | |
| H 12. Name. | Other conditions |
| 13. 8irthplace | (Include pregnancy within 3 months of death) |
| 14. Malden name Settla Brown 15. Birthplace | Major findings of operations |
| 15. Birthplace | Date of op. |
| 16. Informant Mrs Walfele Gallaway. | Autonay results. — Nord |
| 470000 51 004/10 | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address 198 Selves Add Many 990 | 22. VIOLENCE: tf death was due to external causes, fill in the following; |
| (Burlai, cremation, or removed, Which?) Date thereof | Accident, suicide, or homicide |
| Cemetery or crematory | Where did injury occur? |
| Location Stut land | tnjured at home, farm, industry, public place (where?) |
| 18. Funeral director Child College Meris (60) | Mesns of Injury Injured at work? |
| 517 -11 M DE | |
| Address C . VC 11 00 | 23. SIGNATURE M. D. or other |
| 19, Fet. 10 1948 Carrie F, Campbell. Registrar | 5440 Selver Tell H. G. M. D. or other 10 |



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

| 1. PLACE OF DEATH: County | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) | | | |
|---|---------------------|-----------|-----------------------------------|---|---|---|--|
| City or town | | | e . Maryland | State D. C. | State D.a. C.a. County | | |
| (If outside city or town limits, write RUKAL and give nearest town) | | | | City or town Washington | | | |
| How long in above place of death? | | | | (If outside city or town | n limits, write RURAL and give ne | arest town) | |
| | | | rium | W11061 HV | *************************************** | | |
| | | | | | l, give LOCATION) | ./ | |
| | | uays | | 2.(a) If veteran, name war | *************************************** | X | |
| 3. (a) FULL NAM | E | 2 | F (| | 3. (b) Social Security | Number | |
| | | JOR | OTHY E. 4 | OULD | | | |
| 4. Sex | 5. Color or race | 6.(a)Sing | le, married, widowed, or divorced | MEDICA | L CERTIFICATION | | |
| Female | Negro | Si | ngle | 20. DATE OF GEATH Fol. | 22 1948 | 8 35 P | |
| 8 (b) Name of husband | or wife | - | | 21. I CERTIFY that death occurred on the de | ate above etated; fhaf I attended deci | eaced from | |
| | | | | Feb. 17 | 1948 10 Fab | 22 19 4 | |
| 7. Birth date of | | 5.(| (c) If alive, give agey | and that I last saw h.C. K alive on | | | |
| deceased (mo., day,) | (c) Febr | uary 16 | | Immediate cause of death | | | |
| 8. AGE: Years | Months | Daye | If less than one day | Pulmonares) | where culosis. | 2 046 | |
| 19 19 | 9 0 | 6 | hrs | min. | A | | |
| 9. Birthplace | Birmingh | am, Ala | bama state) | | | *************************************** | |
| | | | ard University | | | | |
| | | | armini in miningi in in | Due to | | | |
| 11. Industry or busines | | | | | | *************************************** | |
| 12. Name | .RobertJ | | | Other conditions | *************************************** | | |
| | ?? | Flor | ida | (Include pregnancy wit | 11.0 | | |
| 14. Maiden name. 15. Birthplace | Emma Da | vis | | | | | |
| TO | 2 | Flori | da | Major findings of operations | | | |
| | • | | | | Date of op | | |
| 16. Informant | Dece | ased | | Autopsy results | | | |
| Address | | | | PHYSICIAN: Please anderline the cause | to which death should be charged | statistically. | |
| Pema | real | B 1 45 | I al 23,19V | 22. VIOLENCE: If death was due to exter | nal causee, fill in the following; | | |
| (Burial, cremation | , or removal. Which | h?) | (month) (day) (year) | Accident, eulcide, or homicide | Oate of | ********************* | |
| Cemetery or cremato |)ry | | | Where did Injury occur?(City or to | (Country) | (State) | |
| 1. | 11/20 8 | mato | T.C. | Injured at home, farm, Industry, public pla | | | |
| Location | 1 | 10 | PIO | | | | |
| 18. Funeral director | 12079 | 2/9/ | colarhe | Meane of Injury | Injured at work? | | |
| Addrese / 4 | 16-1: | Fla. | ave U.E | 1 (/2: | 0/20 4 | - mal | |
| 1,00 | 22 15 | -R 0 | 1 d DP: 0: | 23. SIGNATURE | ARU JAMER | or other | |
| 19. (Data roald by | 1948 | lowe | was & muga | of lease of n | So my | 2/22/48 | |

FOR BINDING

MARGIN RESERVED

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MAR 2 1948

BUREAU V. 8.

MAR 4 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Diat. No.

CERTIFICATE OF DEATH

| n limits, write RURAL and give nearest town) | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate Couply City or town (If outside city or town limits, write RURAL and give nearest town) Slreet No. (If outside city or town limits, write RURAL and give nearest town) |
|--|--|
| | 2.(a) If veteran, name war. |
| lean Brockway | Hale 3. (b) Social Security Number |
| 6.(a) Single, married, widowed, or divorced to widowed | MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. 1948 at ZA. N |
| dion Hale | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1948. |
| 3- 1866 | and that I last saw In-12 alive on 2 9 194 5 |
| Days If less than one day hrsmin. | Immediate cance of the halmorrhy 3 ds |
| Hork. | |
| rn, county, and state) | Due to. |
| J. Brockway. | Dither conditions. |
| na Hale | (Include pregnancy within 3 months of death) Major findings of operations. |
| n Hale | Autopsy results. |
| are Brooklynn. y. | PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: |
| Date thereof (day) (year) | Accident, suicide, or homicide |
| sch song | Injured at home, farm, Industry, public place (where?) Mesns of Injury Injured at work? |
| rifle Ind! | 23. SIGNATURE Jun and Jay |
| Jeun Dever | Hyalts . mg |

S correct age UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and RESERVED FOR BINDING MARGIN WITH UNF important. PLAINLY, is especially WRITE EASE

1. PLACE OF DEATH:

How long in above place of death?..... Hospital, Institution, or street address whe

5. Color of race

How long in hospital or Institution?...

3. (a) FULL NAME

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

9. 8irthplace......

1D. Usual occupation

11. Industry or business

13. Birthplace 14. Maiden name.

(Burial, cremation, or removal, Whi

Cemetery or crematory.

(Date rec'd by registrar)

t8. Funeral director.

8. AGE:

FATHER



PLEASE WRITE PLAINLY, '

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

019119 Reg. Dist. No. 23/

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|--|---|
| County Connect Cenare | (For newborn infants give residence of mother) |
| City or town (If outside city or town limits, write RURAL and give nearest town) | State County County |
| How long in above place of death? Dead on arrus | (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, institution, or street address where death occurred: | Street No. 2017 - Yourhalan Rand |
| Prince georges Jeneral Hospital | (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| 4. Sex 5. Color or pace 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| male white married | 20. DATE OF DEATH Felrus 10 19.48 at 422A |
| 6.(b) Name of husband or wife agree 8. Hale | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| | |
| 7. Birth date of | and that I last saw halive on |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death |
| 6. AGE: 41 | Carry Maritanis |
| 9. Birthplacet Washington DE | Due to, Cardensouler read |
| (Youn, county, and state) | disease |
| 1D. Usual occupation. | Due to |
| 11. Industry or business | |
| 12. Name Vande Translation 13. Birthplace Was & Translation 15. | Other conditions |
| E R.O. B. | (Include pregnancy within 3 months of death) |
| 10 | Major findings of operations |
| El 15. Birthplace | Date of op. |
| 16. Intermant Man | Autupsy results |
| Address 2017 Cowkelen Good, W. Hyalland | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, cremation, or removal Which?) Date thereof. (month) (day) (year) | Accident, suicide, or homicide |
| It I ada | Where did injury occur? |
| Cemetery or crematory. | (City or town) (County) (State) |
| Location T | Means of Injury Injured at works. |
| 18. Funeral director. | bless to melical Games |
| Address Ryallsvelle, ma. | |
| 19. 2/9/ 19 48 Amanda Downey | M. D. Godeller |
| (Date rec'd by registrar) Registrar | Address Date signed A |



WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLEASE WRITE PLAINLY,

VS AJS

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01910

CERTIFICATE OF DEATH

Reg. Dist. No. 243

| | Reg. Dist. No. |
|--|---|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) D. C. County City or town Washington (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) if veteran, name war. Navy from 1901 to 1905 3. (b) Social Security Number |
| George F. Hall | 579-20-4322 |
| 4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced Male White Single | MEDICAL CERTIFICATION 2D. DATE DF DEATH 2, 20 19.48 at 3 30 F |
| 6, (b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. F |
| 8. AGE: Years Months Days If less than one day | Pulmonam Tuberculosis yn 4 m |
| 66 66 5 29hrsmin. | () |
| 9. Birthplace. Washington, D. C. (Town, county, and state) None 1D. Usual occupation. None 11. Industry or business 12. Name. William E. Hall 13. Birthplace ? 14. Maiden name. ? Hanson | Due to Due to Differ conditions |
| 15. Birthplace ? | Major fiadiags of operations |
| 16, Informant | Actopsy results |
| Address 17. Burial, cremation, or removal, Which?) Cemetery or crematory. Location. 18. Funeral director D. 14 Th Street M.W. Washington B.C. Address 2901-14 Th Street M.W. Washington B.C. Location. Location. Location. Address 2901-14 Th Street M.W. Washington B.C. Location. Location. Location. Address 2901-14 Th Street M.W. Washington B.C. Location. Location. Location. Address 2901-14 Th Street M.W. Washington B.C. Location. Location. Location. Location. Address 2901-14 Th Street M.W. Washington B.C. | 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide |



2411 N. Charles St., Baltimore

| | CERTIFICATE OF | DEATH | Reg. Dist. No | 231 |
|--|--|--|---|---------------|
| 1. PLACE OF DEATH: County Control Cont | (For State | Riverdal (If outside city or town limit 6302 - 471 aug | ount Street Sta | nearest town) |
| How long in hospital or institution? 43 days | | teran, name war | | |
| 3.(a) FULL NAME ROSA Belle Han | nmack | | 3. (b) Social Security | y Number |
| 4. Sex 5. Color or race 8.(a) Single, married, white Market | widowed, or divorced 2D. DATE 0 | MEDICAL C | ERTIFICATION 194 | 8. 9.21 |
| 6.(b) Name of husband or wife | give age years | IFY that death occurred on the date ab | pove states, that attended de | ceased from |
| 7. Birth date of deceased (mo., day, yr.) | 18 7/e aed that 1 h | cause of death Office | auf | |
| o. Adl. | hrsmin. | Joseph. | & Theus De | you. |
| 1D. Usual occupation | Due to | | | |
| \$ 13. Birthplace West - Va | Olher condi | Itions | | |
| 14. Maiden name Mary Ruther | | (Include pregnancy within 8 | | |
| 16. Informant Reslie Hammack - | Son Autopsy re | esolts | *************************************** | |
| 10 1 1 | Ef 24 1948 22. VIOLE month) (day) (year) Accident, s | ENCE: If death was due to external ca | Date of | |
| Cometery or crematory for American D | P | Injury occur?(City or town) home, farm, Industry, pub ¹¹ c place (w | | |
| 18. Funeral director . M. M. Chambers | Co Moans of in | Garon | Injured at work? | 2 |
| 19. 2/23 1948 Umana (Date rec's by registrar) | La Voune Registrar Address | 14314 Yalla | tu It Date signed | 2/19/4 |

FOR BINDING MARGIN RESERVED

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

NS/

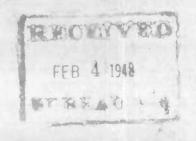
WRITE

PLEASE

RECEIVED

FEB 25 1948

BUREAU V. S.



CERTIFICATE OF DEATH

243

| CERTIFICAT | Reg. Diat. No. |
|--|--|
| County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For reviging infarts give residence of mother) State |
| How long In hospital or Institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME Lertrude L. | Harley 3. (b) Social Security Number |
| fem de white condoned | /MEDICAL CERTIFICATION 29 Fut 1948, at 900 p. |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 |
| deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day | Immediate cause of death Oggilean Fautium DURATION |
| 9. Birthplace | Ove to Hype Herore C. V. Kend pliane Virla |
| 10. Usual occupation | Oue to |
| 12. Name Berj Lewis Hayes 13. Birthplace Md | Other conditions |
| 14. Maiden name Murion & Slagon 15. Birthplace Narly Defend | Major findings of operations |
| 16. Informan New York Technical No. 18. Informan New York Research & | Autopsy results |
| 17 Burnal Oate thereof Man 4, 19 48 (Burial, cremation, or removal, White?) Oate thereof months day (year) | 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, sulcide, or homicide |
| Cemetery or cramstery authors and Bleasant mad | Where did Injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) |
| 18. Funeral director. I Susche 2002 Address Adales III 2001 | Means of Injury Injured at work? |
| 19. 3/2 1948 Amanda Daurey (Date ryc'd by registrar) Registrar | 23. SIGNATURE DANGE M. D. or other Address Wyler Marlboro, M. D. or other Address Wyler Marlboro, M. D. or other |

MARGIN RESERVED FOR BINDING

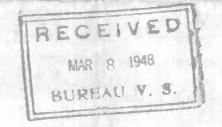
LAINLY, WITH UNFADING INK. Supply every item of information carefully. The especially important. Physicians: please write the causes of death clearly and legibly.

PLAINLY, is especially

WRITE

PLEASE

A15 SA



98

1. PLACE OF DEATH:

| MARYI | AND | STATE | DEPARTMENT | OF | HEALT |
|-------|-----|-------|-------------|-----|-----------------|
| MARKE | AUU | SIAIL | DELAKTRIENT | OI. | I I Lara La I I |

2411 N. Charles St., Baltimore

()1914 Reg. Dist. No. 2.43

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

| County | Prince | George | 95 | (For newborn infants give residence | of mother) | |
|--|------------------------|----------------|--------------------------------------|---|---|---|
| City or fown | Glenn | Dale, 1 | Jaryland URAL and give nearest town) | State D. C. County | | |
| (If | outside city or town | imits, write l | URAL and give nearest town) | City or town Washington | | |
| How long in above place | e o 1 death?2 | yrs | 10 mos., 3 days | (If outside city or town lin | mita, write RURAL and give no | earest town) |
| | r street address where | | | Street No. 1320 New Jers | ey Ave., N. W. | |
| | | | A | (Ifrural, give LOCATION) | | |
| How long in hospital o | or institution?2 | yrs., | LO mos., 3 days | 2.(a) 11 veteran, name war | | V |
| 3. (a) FULL NAM | E | | | | 3. (b) Social Security | y Number |
| | 17 | OSA | G. HARTS | Ris | | |
| 4. Sex | 5. Color or race | 6.(a)Singl | e, married, widowed, or divorced | MEDICAL | CERTIFICATION | |
| Female | Colored | Si | ngle | 1 | 1 7 115 | - 11.150 |
| Temate | 1 0010100 | 1 01. | 1510 | 20, DATE OF DEATH. | | |
| # (b) Name of husband | l or wife | | | 21. I CERTIFY that death occurred on the date | | |
| | | | _ | Mar. 29, | 1945 10 Liel. | R 1 19 4 8 |
| 7. Birth date of | | | c) if alive, give ageyears | and that I last saw halive on | | |
| deceased (mo., day. | yr.) Decem | ber 10 | , 1929 | The Branch of Book | | |
| 8. AGE: Year | s Months | Days | If less than one day | Pulmonary I | vherelos . | 24410/ |
| 18 1 | 8 1 | 23 | hrsmin. | | | 7-10/ |
| 100 | | 1 | | | *************************************** | *** |
| 9. Birthplace | ashington, | D. C. | | Due 10 | | |
| | (LOWII | , country, and | | | | ***- |
| 10. Usual occupation. | Sc | hoolgi | rl | Due to | | |
| 11, industry or busine | 22 | 2000 | | | | |
| | Edgar. P | Harris | | | | |
| 12. Name | Washingto | | ~ | Other conditions | *************************************** | *************************************** |
| | - | - | J • | (Include pregnancy within | n 3 months of death) | |
| 14. Maiden name Thelma Major | | | | | | |
| 14. Maiden name Washington, D. C. | | | | Major findings of operations | | |
| ≥ 15. Birthplace | G | , | | | Bate of op | |
| 16. Informant Deceased | | | | Autopsy results | *************************************** | |
| | | | | PHYSICIAN: Please underline the cause to | which death should be charge | d statistically. |
| Address | 0 | | 10- | 22. VIOLENCE: 11 death was due 10 external | causes, 111 in the following: | |
| 17 Kemo | wal | Date the | eof de 28 3, 19 X8 | Accident, suicide, or homicide | | 000000000000000000000000000000000000000 |
| (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year) | | | | | | |
| Cemetery or crematory | | | | Where did injury occur?(City or town | (County) | (State) |
| to | Wash | ugton | · 1.D-C. | Injured at home, farm, Industry, public place | (where?) | |
| 100211011 | | | | Means of injury | injured al work? | |
| 18. Funeral director Thomasay Truncal Home one | | | | | 0 1 | |
| Address 38 | -9- (HP. | 1. Una | D M-(1/1 | | K (1) | ne |
| 1 | 1 110 | 5 | 0 10000 | 23. SIGNATURE | 20 Finercare | |
| 19. Jeh 7. 1948 / Towland of Philips (Date rec'd by registrar) Registrar | | | | Nel Ulan | mid M.D | 2/2/4 |
| (Date rec'd by r | egistrar) | - 1011110 | Registrar | Address VIII Address | Date signer | d |

PLAINLY, V is especially A15

important.

PLEASE WRITE



MARYLAND STATE DEPARTMENT OF HEALTH

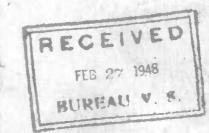
2411 N. Charles St., Baltimore

940

11915 -Dist No 345

CERTIFICATE OF DEATH

| 1. PLACE OF I | EATH: ince Georg | ses County | 2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of | f mother) |
|--|---|---|---|--|
| City or town(1 | Hyattsvi | lle Maryland: | State Maryland County Pro Geo Co "Yattsville Md. City or town (If outside eity or town limits, write RURAL and give nearest town) Street No. 5103 43 ave Apt 203 (If rural, give LOCATION) 2.(a) Il veteran, name war. | |
| | ace of death?s or street address where | years death occurred: | | |
| How long in hosplia | or institution? | | | |
| 3. (a) FULL NAME Everett Omar Harvey | | | | 3. (b) Social Security Number |
| 4. Sex male | 5. Color or race white | B.(a)Single, married, widowed, or divorced married | MEDICAL C | CERTIFICATION 18 18 18 |
| 6.(b) Name of husband or wife Lottie E. Harvey 6.(c) If alive, give age 67 7. Birth date of deceased (mo., day, yr.) Jan 15, 1884 | | | 21. I CERTIFY that death occurred on the date at | bove stated; that I attended deceased from |
| | Months / | Days If less than one daymin. | Immediate cause of death Coronary OCC | |
| 10. Usual occupatio | General U. S | ll Missouri county, and atate) lccounting Office Government H. Harvey | Due to | 2 4 4 m |
| 王 13. Birthplace Illinois 王 14. Maiden name Mary E. Cravens | | | (Include pregnancy within 3 | |
| Address Hyattsville Md. 17. Burial Date thereof. Feb. 25, 1948 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory. Cedar Hill Cemetery | | | Antapsy results | |
| | | | | |
| Address Hyattsville Maryland. 7th 25 (Outer resid by registrar) (Outer resid by registrar) | | | 23. SIGNATURE CALL. | M. D. or other Date signed 413/48 |



please

important.

especially

PLAINL

WRITE

| MARY | |
|------|--|
| | |

LAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Prince Georges (For newborn infants give residence of mother) State Maryland County Prince Georges FOR CST THE IG HTS MA (If outside city or town limits write RURAL and give usarest town) How long in above place of death?.... (If outside city or town limits, write RURAL and give nearest town) Hospital, institution, or street address where death occurred: 114-Irquois Way Street No... (If rural, give LOCATION) How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number Pamela C. Hayes 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION February 17th. Female White Single 2.30AM 20. DATE OF DEATH. 21/1 CERTIFY that death-occurred on the date above stated; that I attended deceased from B.(b) Name of husband or wifeB.(c) If alive, give age 7. Birth date of Sept. 6th. 1946 deceased (mo., day, yr.) 8. AGE: tf less than one day Washington, D. C. (Town, county, and state) ID. Usual occupation..... 11. Industry or bustness E 12. Name Rulph J. Hayes Washington, D Washington, D. C. 14. Malden name National Ton, D. C. (Iuclude pregnancy within 8 months of death) Kathleen M. Ward Raloh J. Hayes PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 114-Irquois Way, Forest Hgts, Md. 22. VIOLENCE: If death was due to external causes, fill in the following; (mouth) (day) (yeur) Where dld injury occur? (City or town) (County) injured at home, farm, industry, public place (where?) Means of Injury tnlured at work? M. D. or other

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FEB 25 1948

BUREAU V. S.

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

| . CERTIFICAT | E OF DEATH Reg. Diat. No. | | |
|--|--|--|--|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MARYLAND County RINCE GEORGES City or town MARYLAND County RURAL and give nearest town) Street No. 27.07 - UPSHUR ST. (If rural, give LOCATION) 2.(a) if veteran, name war. 3. (b) Social Security Number | | |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | | | |
| MALE WHITE MARRIED | MEDICAL CERTIFICATION 20. DATE OF DEATH. FEB. 9 19 48 01 2 30 4 M | | |
| B.(b) Name of husband or wife THERESH G. HEMELT 7. Birth date of deceased (mo., day, yr.) DEC. 3, 1879 | 21. I CERTIFY that death occurred on the date above stated; that lettended deceased from 15 to 15 and that I last saw how alive on 18 to 18 | | |
| 8. AGE: Years Months Days It less than one day | Immediate cause of death Cardina DURATION | | |
| 9. Birthplace | Due to Chronic 2420 | | |
| 10. Usual occupation PROFESSOR | | | |
| 11. Industry or business CATHOLIC UNIVERSITY OF AMERICA | Due to | | |
| 12. Name. CHORLES T. HEMELT 13. Birthplace MARYLAND | Dther conditions | | |
| 14. Maiden name MARY C. EDER | (Include pregnancy within 8 months of death) Major findings of operations. | | |
| | | | |
| 16. Informant. MRS. THERESDG. HEMALT Address 2707-UPSHUR ST. MATRINIER. MD. | Autopsy results | | |
| 17. (Buriat, cremation, or removal, Which?) Date thereof (month) (day) (year) | 22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide | | |
| Cemetery or crematory | Where did injury occur? | | |
| Location | Injured at home, tarm, Industry, public place (where?) | | |
| Address 3821-1474.57. N. W. WASH. D.C. | Means of injury tnjured at work? | | |
| 13. Feb 9 1948 Janus Serre Registrar | 23. SIGNATURE Address 200 Columba Cu Sm Bate signed Rt 9/45 | | |

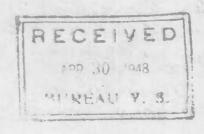
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DURATION

10 200

| 2411 N. C | Charles St., Baltimore | |
|---|--|---|
| CERTIFIC | CATE OF DEATH Reg. Dist. No. | 243 |
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State | Per |
| 3. (a) FULL NAME Wesley Henry | 3. (b) Social Secu | rity Number |
| Male Colored Single, married, widowed, or dispersed | MEDICAL CERTIFICATION 20. DATE OF DEATH 7 L 23 19.5 | 18 .21 |
| 6.(6) Name of husband or wife. | 21. I CERTIFY that death occurred on the date above stated; that I attended | deceased from 23 19 |
| 7. Birth date of deceased (mo., day, yr.) 8. AGE: Yeare Months Days If less than one day | Jumediai squee of dath | DURA |
| 86 1 24 mrs. | min. Due to. | |
| 9. Birthplace | Due 10. | |
| 11. Industry or business 구 주 대 Henry | Dther conditions Continues Clerence | 1 102 |
| 13. Birthplace Seellea Williams 15. Birthplace Kraina | (Include pregnancy within 3 months of death) Major findings al uperations | <u> </u> |
| 15. Birthplace Programa 16. Interment Caller Steward | Aptopsy results. No. | |
| Address Mitchelvill - Mg | PHYSICIAN: Please underline the cause to which death should be the 22. VOLENCE: 11 death was due to external causes, fill in the following: | arged statistically. |
| (Burial, cremation, or removal, Which?) (month) (day) (year) | Where did Injury occur? | (State) |
| Location Arond more Ma 18. Funeral director & Parence Floreacre | Injured at home, farm, industry, public place (where?) | ? |
| Address Mitchellville and | 23. SIGNAL GMUS 5. Have | er M. |
| (Date rec'd by registrar) Regi | strar Adolf Hen Marlbano bate si | gned A. 22 |

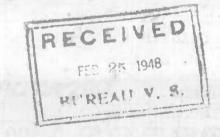


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: George 1 s County Newton Village City or town (If outside city or town limits, write RURAL and give nearest town) How tong in above place of death? Hospitat institution or street address where death occurred: 4919 Monroe Street | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Prince George's Newton Village City or town (If outside city or town limits, write RURAL and give nearest town) 4919 Monroe Street | | |
|---|---|--|--|
| How long to hospital or institution? | Street No. WORLD WAP 2.(a) If vereran, name war. | | |
| 3. (a) FULL NAME | 3. (b) Social Security Number | | |
| IRVING CALVIN HUGHES | | | |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| Male White Married | 20. DATE OF DEATH February 22 1948 at 6 A. M | | |
| 5.(b) Name of husband or wife Ethel F. Hughes | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from | | |
| | JULY 949 1947 10 Teb. 22 1948 | | |
| 7. Birth date of deceased (mo. day, yr.) February 12, 1884 | and that I tast saw h J. 177 alive on J-Cb 24 19 48 | | |
| deceased (mo., day, yr.) FOOT URTY IR , 1004 8. AGE: Years Months Days If less than one day 1004 | Immediate cause of death Acute Hilotation of Ifeant 3/125. | | |
| Glen Coe, Penna. 9. Birthplace | Oue to | | |
| William Hughes 12. Name Penna. | Other conditions Prostatic Hypertrophy 14- | | |
| | (Include pregnancy within 3 months of death) | | |
| 14. Malden name. Lannah Martz 15. Birthplace Penna | Major findings of operations. | | |
| Mrs Ethel Hughes (Wife) | Autopsy results. | | |
| 4010 Monnoo Ct Nowton Villero | PILYSICIAN: Please noderline the cause to which death should be charged statistically. | | |
| 17. (Burial, cremation, or reportal, When?) Cemetery or senetery Urlington, Na. Location Urlington, Na. 18. Funerat director, W. W. Chambers Co. Address Giverdale, Md. | 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide | | |
| 19. 2/23 19. 48 Umande Doursey | Address Mt. Karrels, Md. Bate signed. | | |



THE RESERVE OF THE PROPERTY AND PARTY AND PARTY.

MARGIN RESERVED FOR BINDING

Address

| 2411 N. Charles | St., Baltimore |
|--|--|
| CERTIFICATI | E OF DEATH |
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (For newborn infants) State City or town (if outside of Street No. 20-7 |
| How long In hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME Olga Temperanel Keep h 4. Sex B. Color or race B. Color | es M |
| J. W widow | 20, DATE OF DEATH |
| 8. AGE: Years Months Days If less than one day 7. Birthplace Sentancial (Town, county, and atate) | 21. I CERTIFY that death occur fellows way and that I last saw h. S |
| 10. Usual occupation | Due fo |
| 12. Name leseph Lindsay 13. Birthplate 14. Maiden name Nomia Curtico 15. Birthplace 22. Arx | Other conditions (Include pro |
| 16. Informant Miss Birdie Heights Address 2 0 - F. Kellside Rd. | Autopsy results |
| 17. Burial, cremation, or removal. Which? Cemetery or crematory. Sapulfa. | 22. VIOLENCE: If death was Accident, suicide, or homicide Where did Injury occur? |
| 18. Funeral director LUYG hambus 6 | Injured at home, farm, industr Means of injury |

| (For newborn infants give residence | of mother | |
|--|---|----------------|
| tale mil | County Or. Teo. | · . |
| | elt | |
| (If outside city or town to | mits, write RURAL and give ne | arest town) |
| treet No. 20.7. Nee | eside Koas | l . |
| (If rurst, s | give LOCATION) | |
| .(a) If veteran, name war | | |
| | 3. (b) Social Security | Number |
| | | |
| 5 | CERTIFICATION | |
| MEDICAL | CERTIFICATION | 115 |
| D, DATE OF DEATH. | 8 19 48 | , at 6 ag |
| 1. I CERTIFY that death occurred on the date | above stated: that I attended dece | ased from |
| February 17. | 10.40 10 Florence | 4 1P 104 P |
| February 7, and that I last saw h | evenare 18. | 1048 |
| | | DURATION |
| mmediate cause of death | *************************************** | |
| Grebrel her | Mnales. | 7.09 940 |
| | | |
| ue to | 114 - 1 - 4 - 4 (14) | 165 1 |
| we to hypertensive C | action from | 15 year |
| ue to | *************************************** | |
| | | |
| ther conditions Portutural | calvail | 5 years |
| | | |
| (include pregnancy withi | n 3 months of death) | |
| fajor findings of operations | | |
| | Date of op | |
| Autopsy results | *************************************** | |
| HYSICIAN: Please underline the cause to | o which death should be charged | statistically. |
| 22. VIOLENCE: If death was due to externa | i causes, fill in the following: | |
| Accident, suicide, or homicide | Date of | |
| Where did injury occur?(City or tow | | *********** |
| | | (State) |
| njured al home, farm, industry, public place | | |
| Means of Injury | injured at work? | |
| At. | is Worder | m. s. |
| O/es | n woode | 11,01 |

2. USUAL RESIDENCE (HOME) OF DECEASED:

Coroner & Boyd notificel and approved.

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BUREAU V. S.

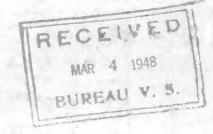
| | 208, 2140, 1101 |
|---|---|
| 1. PLACE OF DEATH: Les Es | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For my whorn in ants give residence of mother) (For my whorn in ants give residence of mother) |
| City or town (If outside city or town limits, write protAL and give nearest town) | State Such Bridge Ind |
| How long in above place of death? | City or town (If outside ty or town limits, write RUML and give nearest town) |
| Hospital, Institution, or streot address where death occurred: | Street No |
| How long In hospital or institution? | 2.(a) It veteran, name war |
| 3 (a) FILLI NAME | ckee 3. (b) Social Security Number |
| 5. Color or raco 6.(a) Single, married, widows or divorced | MEDICAL CERTIFICATION |
| emale white married | 20. DATE OF DEATH Felleware 26 19.49 at Z. D. |
| 6.(b) Namo of husband or wife Seorge Z. Schee | 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Occurred on the date above stated: that I attended deceased from Occurred on the date above stated: that I attended deceased from Occurred on the date above stated: that I attended deceased from |
| 7. Birth date of deceased (mo., day, yr.) L. 12, 1899, | and that I last saw h. 27 alive on Fell moly 26, 119 |
| 8. AGE: Years Months Days If loss than one day | Immediate cause of death CCrebrul un believe instan |
| 77 hrs,min. | 1 10 martino Gent la luca |
| 9. Birthplace | Duo to. Oursular from Smore 5 more |
| 10. Usual occupation. | Oue to any traf we carry to tality |
| 11, Industry or business | |
| 12. Namo | and selions of the light opastion arter 18 ler |
| 14. Maiden namo unkenown | (Include pregnancy within a morphs of death) Major findings of operations. |
| 15. Birthplace | Major hadings of operations |
| 16. Informant Leorge 2. Schen | Autoby results |
| Address Nigh Bridge med | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 17 Burial Date theroof 2/28/48 | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Burial, cremation, or removal Which?) (month) (day) (year) | Accident, suicide, or homtoide |
| Cometery or crematory. | Where did injury occur? |
| Location washington of C. | Injured at home, tarm, Industry, public place (where?) |
| 18. Funeral director Z Slacke 2004 | Maans of tnjury Injured at work? |
| Address Syartsville May | 23. SIGNATURE Tour Wordel Mr. S. |
| 19. 2 28 19 (1) Amanda Downey Registrary | 2000 Bide and Greedult 7-71. |

RESERVED FOR BINDING

MARGIN

PLEASE

VS A15



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

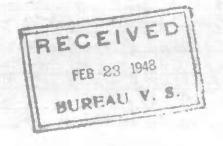
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01921 Rog. Diat. No242

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: County City or lown P. Character County Count | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County | |
|--|---|--|
| (If outside city or town limits, write RURAL and give nearest town) | City or town M. Brantonel | |
| How long in above place of death? | (If outside city or town limits, write RURAL and give hearest town) | |
| Hospital Institution, or steet address where death occurred | Street No. 450/ Charel Street | |
| 450/ Shew Cold She Date | (If rural, give LOCATION) | |
| How long in hospital or institution? | 2.(a) If veteran, name war | |
| 3. (a) FULL NAME | 3. (b) Social Security Number | |
| Lora Jones | | |
| 4. Sex 5. Color or race 6.(a/Single, married, widowed, or divorced | MEDICAL CERTIFICATION 20. DATE DE DEATH LEBUCAL 15TL 1848 13:45 A M | |
| 6.(b) Name of husband or the Allie Janes (Rec) | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from | |
| 7. Birth date of | 194 10 TRB 1948 | |
| deceased (mo., day, yr.) Janee 15, 1886 | and that t tast saw h alive on 19. | |
| 8. AGE: Years Months Days If tess than one day | Immediate cause of death DURATION | |
| 68 6 0 hrs. min. | deplante 10days | |
| 8. Birthplace Hayresbergia Georgia | Due to Nephratic topenin 2-3 gr. | |
| 10. Usual occupation stiesed flived with Langt | Due to. | |
| 11. Industry or business | | |
| 12. Name Spice Howard | | |
| - | Other conditions | |
| | (Include pregnancy within 3 months of death) | |
| 14. Maiden name Data Daniel Jewy 15. Birthplace Harman | | |
| 15. Birthplace Thurs sealow George | Major findings of operations. | |
| -1 15. Britispace | Date of op. | |
| 18. Interment Mary day Section | Actopsy results | |
| Address 450/ Church St. M. Brantwood no | PHYSICIAN: Please noderline the cause to which death shoold be charged statistically. | |
| D - 1 0 10110 | 22. VIOLENCE: If death was due to external causes, till in the following; | |
| (Burial, cremation, or kernoval, Which?) Date thereot (month) (day) (year) | Accident, suicide, or homicide | |
| ella continue de la c | | |
| Cemetery or crematory | Where did injury occur? (City or town) (County) (State) | |
| Location Statistical Large and - | Injured at home, tarm, industry, public place (where?) | |
| 18. Funeral director token S. Thursey Co- | Means of Injury Injured at work? | |
| Address 901-3. 87. SURIT | of of les has | |
| 2 | 23. SIGNATURE M.D. or other | |
| 19 Tel 19 (Date rec'd by registrer) 1948 Edwar F. Collins Registrar | Address Brantwood med Bate signed 2-15-46 | |



BINDING

FOR

RESERVED

MARGIN

SN

1. PLACE OF DEATH:

How long in hospital or institution?. 3. (a) FULL NAME

6.(b) Name of husband or wife.

4. Sex

7. Birth date of deceased (mo., day, yr.)

9. Birthplace...

1D. Usual occupation.

13. Birthplace

HE 14. Maiden na 15. Birthplace 14. Maiden name.

Address

Cemetery or crematory ..

(Date rec'd by registrar)

18. Funeral director.

(Burial, cremation, or removal, Which?)

11. Industry or business

8. AGE:

(If outside city or town limits, write RURAL and give nearest town)

(Town, county, and state)

Date thereof...

.6.(c) if alive, give age

If less than one day

(month) (day) (year

How long in above place of death lead ... errored of Life

Hospital, Institution, or street address where death occurred:

Months

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186 a

01922

CERTIFICAT

| E OF DEATH | Reg. Diat. No. |
|---|--|
| 2. USUAL RESIDENCE (HOME (For newborn infants give residence | OF DECEASED: |
| State Man Jand | County Prince Congos |
| City or town (If outside city or town li | imits, write RURAL and give nearest town) |
| Street No. | |
| | give LOCATION) |
| 2.(a) If veteran, name war | |
| Tuox | 3. (b) Social Security Number |
| MEDICAL | CERTIFICATION |
| 20. DATE OF DEATH 7. els | 12 19 48 21 8054 |
| 21. I CERTIFY that death occurred on the date | e above stated; that I attended deceased from |
| | .19 |
| and that I last saw halive on | 19 |
| Immediate cause of death | DURATION |
| Intra Cro | mal remarkage |
| | |
| Due to such areac | hand demonstrat |
| | * 6 |
| Due to | |
| | |
| Dther conditions | |
| (Include pregnancy withi | n 3 months of death) |
| Major findings of operations | |
| | |
| Autopsy results | to which death should be charged statistically. |
| 22. VIOLENCE: If death was due to externa | ol causes, fill in the following; |
| Accident, suicide, or homicide. | Date of 1-31-48 |
| Where did Injury occur? Oct (City or to | wn) (County) (State) |
| injured at home, farm, industry, public plac | |
| Means of Injury all out | t injured at work? |
| Desperty in | early gory |
| 23. SIGNATURE | M. D. of other |
| Address thestal | 4 had note signed 2-12-48 |
| AUDICSS | Street, and the street, significant and the street, stre |

correct information carefully of death clearly and ADING INK. Supply every item of Physicians: please write the causes WITH UNF PLAINLY, V ASE-WRITE PLE/

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FEB 17 1948 BUREAU Y. S.

1 PLOF OF DEATH

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully. The cimportant, Physicians: please write the causes of death clearly and legibly

WRITE PLAINLY, is especially

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

164a.

2. USUAL RESIDENCE (HOME) OF DECEASED:

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CERTIFICATE OF DEATH

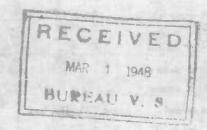
Dist No 246

| | City or town | Cily or town. (If outside city or town. limits, waite RURAL and give nasrast town) Street No. 3. 8. 0. 7. (If rural, giva LOCATION) 2.(a) If veleran, name war. 3. (b) Social Security Number |
|---|--|---|
| | 4. Sex 5. Color or race 6.(a) Single, married, windowed, or divorced White married | MEDICAL CERTIFICATION 20. DATE OF DEATH. Felicary 3 1948 at 457 |
| | 8. AGE: Years Months Days It less than one day 7. Birthplace Concord Age To The Strategy of t | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 |
| | 10. Usual occupation. 11. industry or business Rotting N - 5. 12. Name | Other conditions (Include pregnancy within 3 months of dasth) |
| | 14. Maiden name la extraderi 15. Birthplace Groton Marinderi 16. Informant Mas Raellel Leighton Address Cattage City | Major fieldisgs of operations |
| 3 | Burial, chemation, or removal. Which?) Cemetery or crematory | Accident, suicide, or homicities |
| | Address Process | 23. SIGNATURE M. Aprother Address. Aprestrall Legisland Signed 3. |



VS A15

| Evidence birthdate | for cha | MARILAND SIAIL DE | EPARTMENT OF HEALTH | 0192 | 1 |
|--|---------------------|---|--|----------------------------------|---|
| HLM NO. G | 114 MAR | 4 1948 CERTIFICAT | TE OF DEATH | Reg. Diat. No. | 40 |
| 1. PLACE OF DEATH: County PRINCE GEORGES City or town. RIVERDALE (If outside city or town limits, write RURAL and give nearest town) How tong in above place of death? Hospital, institution, or street address where death occurred: 4676 WOODBERRY RA | | 2. USUAL RESIDENCE (HOME) OF (For newborn Infants give residence of m State MAR PLAND Count City or town HYATTS VILL (If outside city or town limits, Stroel No. 37/3 KENNE (If rural, give I | ly PRINCE GU LE write RURAL and give near EDY | EORGES rest town) | |
| 3. (a) FULL NAME | S | | | 3. (b) Social Security N | lumber |
| WILLIAM | | LEWIS | | | |
| 4. Sex | 5. Color or raco | B.(a)Single, married, widowed, or diverced | MEDICAL CE | RTIFICATION | |
| M | W | WIDOWED | 20. DATE OF DEATH FEB 2 | 5 1948 | at 7:10 PM |
| 6.(b) Namo of husband | or wife SARAH | | 21. I CERTIFY that death occurred on the date abov | e stated; that I aftended decear | sed from |
| 7. Birth date of | - | | | 25 | 19 4 8 |
| decoased (mo., day, y | Months | Days If less than one day | | MORRHAGE | OURATION 3 ddys |
| 9. Birthplace M. | DOULD AL | 22 hrsmin. | Due to CEREBRAL A! | | 2 years |
| 1D. Usual occupation | BUILDING C | DATRACTOR | Due to GENERALIZED | | *************************************** |
| 11. Industry or business | | | | EROSIS | 5 years |
| 12. Name | | GTON LEWIS | Other conditions | PLE 61A | 3 days |
| | FRANCE | s Re Pass | (Include pregnancy within 3 m | | |
| 2 15. Birthplace | NORTH (| AROLINA | | Bato of op | |
| 16. Informant | RED M. | LEWIS W. WASH. DC. | Autupsy results | | tatistically. |
| Address 17. (Burial, cremation, Cemetery or cramator) | or removal, Which?) | Bate thereof 7776/48 Compath) (tlay) (year) | 22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide | | |
| Location | fore, | Jegin o | Injured at home, farm, Industry, public place (who | ere?) | |
| 18. Funeral director | Deine - | la le ruil | 720 | 5 > .00 | , 1/2 |
| 19. 2/24 | 2 19 48 | amanda Downey | 23. SIGNATURE Dufamen Address 3824-34 St. Mt. | Rd/n/eV Dato signed | vc. MD. Feb 25 48 |



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PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

CERTIFICATE OF DEATH

1925 og. Diat. No. 243

| 1. PLACE OF DEATH: Prince Georges | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|---|
| | |
| City or town. Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town) | StateD |
| | City or town Washington (If outside city or town limits, write RURAL and give nearest town) |
| How long in above place of death? 1 yr., 2 mos., 15 days | (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, Institution, or street address where death occurred: Clenn Dale Sanatorium | Streef No. 415 Peabody St., N. W. |
| How long in hospital or institution? 1 yr., 2 mos., 15 days | (If rural, give LOCATION) 2.(a) ff veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| LYLE PHYLLIS, P 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | |
| 4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Female White Married | 20. DATE DF DEATH. Febr. 11, 19 48 31 2 15 p. |
| 8,(b) Name of husband or wife John E. Lyle | 21. I CERTIFY that death occurred on the date above stated; that f attended deceased from |
| | 11/26 19 45 10 2/11 19 48 |
| 7. Birth date of 20 1 200 300 300 49 years | and that I last saw h. e.f. alive on 2/11 19 48 |
| deceased (mo., day, yr.) September 20, 1896 | |
| 8. AGE: Years Months Days It less than one day | Immediate cause of death |
| | pulmonary Tuberculosis 38 mms |
| 51 51 4 21hrsmin. | |
| 9. Birthplace Brookville, Pennsylvania (Town, county, and state) | Due fo. |
| The second of th | |
| 10. Usual occupation Housewife | |
| 11. Industry or business | Due to |
| I 12. Name James A. Paddock | |
| Paumania a | Other conditions |
| | (Include pregnancy within 3 months of death) |
| 14. Maiden name Margaret Reynolds Pennsylvania | |
| Pennsylvania | Major fiadings of operations. |
| | Date of op. |
| 16. Informant Deceased | Autopsy results |
| Address | PHYSICIAN: Pfease underfine the cause to which death should be charged statistically. |
| | 22. VIOLENCE: ff death was due to external causes, fill in the following; |
| 17. Cressation (Burial, cremation, or removal, Which?) Bate thereof. 2/3/45. (month) (day) (year) | Accident, suicide, or homicide |
| | |
| Cemetery or crematory Cedar Hill | Where did Injury occur? |
| Location Privee Leage , County Manglan | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director S. A. Hires Co. | Means of Injury Injured at work? |
| Address 2901-14th St. N. W. | Diele Air and |
| 0 0 0000 | 23. SIGNATURE A SMILL SED FuelCare M. D. or other |
| 19. July 12, 19 48. Rowland of Mulhs (Date rec'd by registrar) | Address Sleve And Md Bate signed 2/4/48 |



WRITE PLAINLY, is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

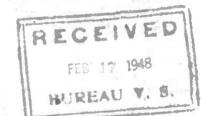
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01926

CERTIFICATE OF DEATH

or Diat. No. 23/

| | | | | Reg. Diat. No. | |
|------------------------------|-------------------------|---------------------------------|--|--|---|
| 1. PLACE OF DI | EATH: | 0 | 1 - | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | |
| | Prince | | | | |
| City or fown | | state Maryland county Prince Ge | orge's | | |
| (Ir | e of death? 4 ho | nits, write r | minute | City or town Edmonston (If outside city or town limits, write RURAL and give | *************************************** |
| How long in above place | or street address where | death occurred | | | nearest town) |
| Princ | ce George's | Gener | B] | Street No. 5200 Decatur Street | |
| | or Institution? 4 ho | | | (If rural, give LOCATION) | |
| | | /UI 5 | in the contract of the contrac | 2.(a) If veleran, name war | ************* |
| 3. (a) FULL NAM | IE | | | 3. (b) Social Securi | ity Number |
| | Baby Girl | Lvles | | | |
| 4. Sex | 5. Color or race | | e, married, widowed, or divorced | MEDICAL CERTIFICATION | |
| F | W | | S | | |
| | | | | 20. DATE OF DEATH. February 15 1948 | 5:00A |
| | 4 14- | | | 21. I CERTIFY that death occurred on the date above stated; that I attended d | leceased from |
| 6.(0) Name of husband | d or wite | | | 2/15 10 48 10 2/15 | 19. 48 |
| 7. Birth date of | | | e) If allve, give ageyears | and that I last saw her alive on February 15 | 19. 48 |
| deceased (mo., day, | yr.) Februar | y 15, | 1948 | Immediate cause of death Umbilical Hemorrhage | |
| 8. AGE: Year | rs Months | Days | It less than one day | Immediate cause of death | |
| | | | 1 hrs. 1 min. | | 20 min. |
| | | | | | |
| 9. BirthplaceChe | everly, Pri | nce Ge | orge's, Maryland | Sue to | |
| | (Town, | county, and | itate) | | |
| 10. Usual occupation. | | | | Buo in | |
| 11. Industry or busine | 2 22 | | - 1 1 M | Due 10. | ****** |
| | | T7 | 26 | | ****** |
| | | | es | Other conditions | |
| 13. Birthplace | Washington, | | | (Include pregnancy within 3 months of death) | |
| 14. Maiden name | Eva Elizab | eth By | field | | |
| TOT | 1 Indiana | | | Major findings of operations | |
| | | | | Oale of op | *************************************** |
| 16, Interment | Hospital Re | cords | | Autopsy results. Same | |
| Address | | | | PHYSICIAN: Please underline the cause to which death should be charge | ed statistically. |
| 0 | | | Jel 17.1948 | 22. VIOLENCE: If death was due to external causes, till in the following: | |
| 17. Churial crematio | n, or removal, Which? | Date then | (month) (day) (year) | Accident, suicide, or homicide | |
| | 艺 | ENAS | een | Where did injury occur? | |
| Cemetery or crema | 200 | | 5- / | (City or town) (County) | (State) |
| Location | stades | reby | y ma | Injured at home, farm, Industry, public place (where?) | |
| | 7 De | ach's | sons | Moens of injury injured at work? | |
| 18. Funeral director | / -// | 00 | 2.1 | 0 1 | |
| Address | tyalle | nego | max. | Lola D HM alasse | . Thia |
| 2/6 | 1 111 | /1/ | anda V) surrom | 23. SIGNATURE M. | U. or other |
| 19. (Date reg d by r | e19.2. | un | Registrar | Cheverly - Smalls - 16 tax | 1 2-15-48 |
| (Date ley d by I | CETOWEL! | | registrat | Montess | * |



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

71927 Reg. Dist. No. 23/

| Prince George's | | | tg | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
|---|---------------------------|-----------------------------------|---------------------------------------|--|--|------------|
| Cheverly (If outside city or town limits, write RURAL and give nearest town) | | State Maryland | County Prince George's | | | |
| How long in above place Hospital, Institution, or Prince | of death? | 7 days death occurre eneral | 21 hrs. 38 mins. | City or town. Lanham (If outside city | or town limits, write RURAL and give nearest town) (If rural, give LOCATION) | |
| 3. (a) FULL NAM | E ibelle Mal | lerv | | | 3. (b) Social Security Number | |
| 4. Sex | 5. Color or race | | e, married, widowed, or divorced | MFD | DICAL CERTIFICATION | |
| F | W | | Married | | 11 48 11 2:2. | 3 <i>F</i> |
| | | | O. Mallery e) If alive, give age yea | 21. I CERTIFY that death occurred of the state of the sta | on the date above stated; that I attended deceased from 19. 4/ 10. 2//3 19. 2 on. 3/.3 19. | 48 |
| 8. AGE: Years | Months | Days | If less than one day | Immediate cause of death | DURATI 20 | DN |
| 76 | 2 | 30 | hrsmi | | 30,00 | Local |
| 9. Birthplace | Housewif hu s Seath | e leet | L L | 4. | bronches (4/1/48 slee] ney within 8 months of death | |
| E 15. Birthplace | Ver | gene | a | | Date of op. | |
| | spital Re | cords | | | he easse to which death should be charged statistically. | |
| Cemetery or cremato | or removal. Which | Date ther | et L. 18, 194 (month) (day) (year) | Accident, suicide, or homicide Where did injury occur? | to external causes, fill in the following; Date of | |
| 18. Funeral director | I ly | to- | s som | Means of Injury | Injured at work? | |
| 19. (Date rec'd by re | 170 19 48 giatrar) | ame | enda Dourses | 23. SIGNATURE Scilles 3-423 A Address Blandan | M. D. or other | R) |

FEB 18 1948
SUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

| CERTIFICA | Reg. Dist. No. |
|--|---|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
| MARKS JULIA M. | 3. (b) Social Security Number 578-20-3298 |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female Negro Married | MEDICAL CERTIFICATION 20. DATE DF DEATH Febr. 19 18 48 21 6 5 2 |
| 6.(b) Name of husband or wife James B. Marks 6.(c) If alive, give age 27 years 7. Birth date of deceased (mo., day, yr.) March 14, 1924 | and that I last saw h. T. alive on 2/19/1 19.7 |
| 8. AGE: Years Months Days It less than one day | pulmonary tuberculosis 70pm |
| 9. Birthplace | Sue (C |
| 15. Sirthplace Orange, Virginia Deceased | Actorsy results PHYSICIAN: Please moderline the caose to which death should be charged statistically. |
| Address 17. Do Warland South Bate thereot. 2/20/48 (Burial, cremation, or remove). Which?) Cemetery or crematory. Location. D. Washington A. 18. Funeral director. Malian + Ichel. Suc. Address 462 4 R St. NW 19. July 20 19/87 Powland & Philips. (Date rec'd by registrar) Registrar | 22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide |

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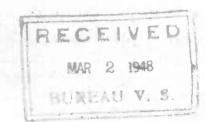
UNFADING INK. Supply every item of information care ant. Physicians: please write the causes of death clearly

WITH UNF important.

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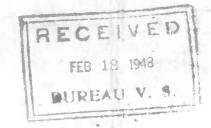
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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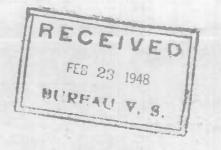
CERTIFICATE OF DEATH

| (| 1 | 30 | | |
|---|---|----|---|---|
| | | 7 | 7 | ~ |
| | | 1 | 5 | 4 |

11111

Reg. Dist. No.

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|---|
| County | n. I P. U. |
| (If outside city or town limits, write RURAL and give nearest town) | State County County |
| How long in above place of death? | City or town |
| Hospilal, institution, or street address where doubt occurred: | Street No. 3 males SW - Where Marthan My |
| | (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| alexander Moore | |
| 4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced | MEDICAL CERTIFICATION |
| M W Married | 20. DATE DE DEATH 2 0 Feb 19.4 3 at 4 454 M |
| Lella 9 mone | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 6.(b) Name of husband or wife | Left 1949, 10 / 9 Feb 1948 |
| 7. Birth date of | and that I last saw h. 1.22 alive on 19 Fag. 19 45. |
| deceased (mo., day, yr.) 4 an & 6, 1872. | |
| 8. AGE: Years Months Days If less than one day | |
| 76 1 14hrsmin. | |
| 12. 12. 12. 1h | of the cole of CV bleaned 2. h |
| 9. Birthplace (Town, county, and state) | Oue to Afflet Clifture Clifture Clifture |
| 1D. Usual occupation | Due to |
| 1t. Industry or business Admed. | |
| # 12. Name Hoseph Cy Moore | Other conditions pleasates mellitus 14 340 |
| 12. Name Jack Cy Marc | Cities contentions |
| 14. Malden name Mary Thompson | (Include pregnancy within 3 months of death) |
| 14. Malden name | Major findings of operations. |
| 15. Birthplace Or Aco Co | Date of op. |
| 16. Informant My Marcan Marc | Antopsy results |
| Address Value - Marthara Ma | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 12 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 22. VIOLENCE: tf death was due to external causea, fill in the following; |
| (Burial, cremation, or removed, Which?) Date thereof (month) (day) (year) | Accident, suicide, or homicide |
| 1/2:1/ | Where did injury occur? (City or town) (Connty) (State) |
| Cemetery or crematory | |
| Location William Market | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director / Fitchis Brothers | Moans of Injury Injured at work? |
| Addres Malloro Brok. | Brodan - min |
| X1121 18 RP VII H | 23. SIGNATURE M. D. Carther |
| 19 (Date rec'd by registrar) Registrar | Address Unpaper May Word Med Date signed 24 Feb 48 |



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2411 N. Charles St., Baltimore

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| | | | CER | TIFICAT | TE OF DEA | TH | Reg | g. Diat. No | 43 |
|--|---|-----------------------|---|-----------------------|---|--|--|------------------|------------------|
| 1. PLACE OF DEAT County | Prince Clean Side city of town i death? 1 y freet address where Dale Sana astitution? 1 | death occurred torium | larvland URAV and give nei 10., 29 da | lays | 2. USUAL RESID (For newborn is state | Shington utside city or town 10 S. Car | E) OF DECEAS nee of mother) County C | RAL and give nes | Number |
| | 5. Color or race | | e, married, widowed, o | r divorced | | | L CERTIFIC | | - 15 |
| Male | Negro | Sir | gle | | 2D. DATE DF DEATH | ter | .19 | 19.48 | 3 15 Q. W |
| 6.(b) Name of husband or 7. Birth date of deceased (mo., day, yr.) | July | 9, 1925 | e) If alive, give age | | 21. I CERTIFY that dea and that I last saw h. | 12/20 | 19.46,10 | 2/19 | 19.48 |
| 8. AGE: Years | Months | Days | if less than one d | lay | pulma | mary lu | berculo. | عنه | 14 xxx3, |
| 22 22 | 7 | 10 | hrs. | mln. | / | d | | | |
| 9. Birthplace Brunswick, Virginia 10. Usual occupation Bundle Boy - Apt. House 11. industry or business 12. Name James M. Moss 13. Birthplace Brunswick, Virginia | | | | Due to | | | | | |
| 14. Maiden name Clarie Johnson Brunswick, Virginia 16. Informant Deceased | | | | Major findings of ope | ratious | | .Date of op | | |
| | | | PHYSICIAN: Please | | | | | | |
| Address 17. Remarkable State (Burial, cremation, or removal, Which?) Cemetery or crematory Location 18. Funeral director A Hamuer for Ford Funeral State (Second Second Secon | | | 22. VIOLENCE: If de Accident, suicide, or h Where did Injury occur Injured at home, farm, Means of Injury | omicide | own) (| . Date of | (State) | | |
| Address 1213 4th St., See- Wash., D.C. 19. Lel 19, 194 T Rowland & Philips (Dato rec'd by registrar) Registrar | | | | | 23. SIGNATUREA. | Laniel mal | Leo F | M. D Date signed | or other 2/19/48 |



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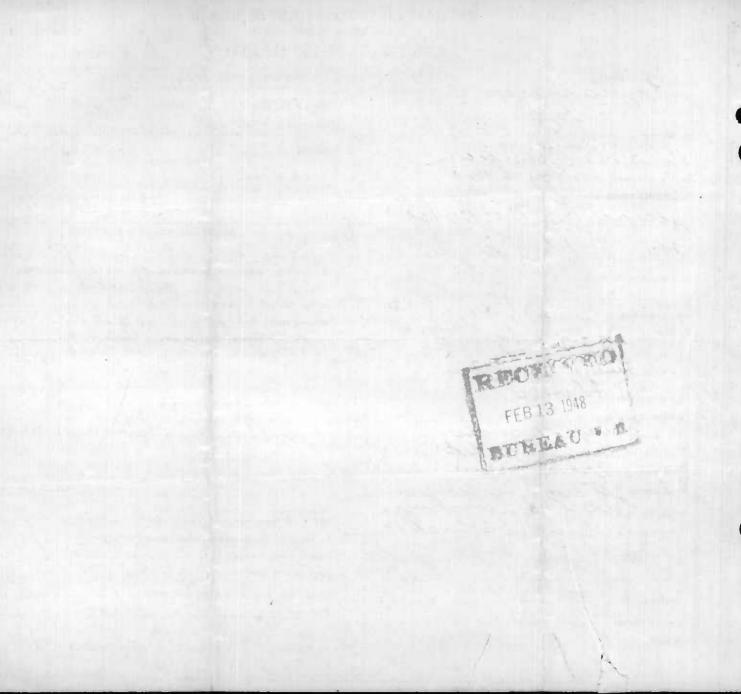
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| | E OF DEATH Reg. Diat. No. 2 3 2 |
|--|--|
| 1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospilal, insiliution, or street address where death occurred: How long in hospital or institution? | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of motifer) State |
| 3. (a) FULL NAME L. Nichols | 3. (b) Social Security Number |
| Male White Single | MEDICAL CERTIFICATION 20. DATE OF DEATH 2 - 10 19 48 11 12 15 |
| 8. (b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace. Description of the state of the stat | 21. I CERTIFY that death occurred on the date above stated; that I attended decessed from 19 17 to Feb. 19 4 for 19 4 f |
| 16. Informant Judies Solution of SE Ture 1912 C. Address 50/Orong R. SE Ture 1912 C. 17. Survey of the second of | Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In is especially important. Physicians: please write the causes of death clearly and legib

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MARGIN RESERVED FOR BINDING

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| V | |
|---|---|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| County Vinuel Garagey | Stateller Jersen County Passace |
| City or town. Uffour items of town limits, write RUKAL and give nearest town) | Potential |
| How long in above place of death? Lead on arms | (if outside city or town limits, write RORAL and give nearest town) |
| Hospital, institution, or street address where death occurred: | Street No. 4 6 8 - 10 th Come |
| he & Souces offers | (If rural, give LOCATION) |
| How long In hospital or Institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| 4. Sex 5. Color of tage 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| med white sugle | 20. DATE OF DEATH February 8 1948, 21 10 2 Au |
| | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 6,(b) Name of husband or wife | |
| 7. Birth date of | and that I last saw halive on |
| deceased (mo., day, yr.) R ACF. Years Booths Days If less than one day | Immediais cause of death |
| 0. Add. 2K) | acoute conspecting heart |
| 0 1/hrsmin. | facture + |
| 9. Birthplace. (Town, jounty, and state) | Due 6 Cheen Carl Hiller |
| 10. Usual occupation | |
| | Oue to |
| 11. Industry or business | |
| | Other conditions |
| Λ | (Include pregnancy within 3 months of death) |
| 14. Maiden name Charles 15. Birthplace Alanda , | Major findings of operations. |
| ₹ 15. Birthplace | Date of op. |
| 16. Informant Assel Pullips | Autopsy results |
| Address 4-68-1 och line, Valerson, h. J | |
| 12 Shipment Date thereof 2 - 9-48, | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |
| (Burial cremation, or removal. Which?) Date thereof (month) (day) (year) | Accident, suicided, or named and |
| Cemetery or crematory | Where dld injury occur? |
| Location Musson My Justin | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director To Tilline Brothels | Means of Injury Injurged at wask? |
| Address Mount - massforo - mass - | my my |
| 7 1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 23. SIGNATURE AND M. D. of the |
| 19. Date rec'd by registrar Registrar | Address / Forestille mobate signed 2-9-48 |



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

| | | 22 | 1 |
|------|-------|---------|---|
| Reg. | Diat. | No. 23/ | ! |

| , CERTIFICAT | Reg. Diat. No. |
|--|---|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
| Pickens, Effe | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(d) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| y w m | 20. DATE OF DEATH 2 - 12 - 1948 at 12 m |
| 6.(b) Name of husband or wife to her 14. Peckers 6.(c) If alive, give age years 7. Birth date of | 21-I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 4 6 to file 19 4 6 and that t last saw h |
| deceased (mo., day, yr.) 5-1-18-13 | Immediate cause of death |
| 8. AGE: Years Months Days It less than one day | |
| hrsmin. | Cerella (laciales) |
| 9. Birthplace (Town, county, and state) 10. Usual occupation. | Due to. Description |
| 11. Industry or business 12. Name Manual Mills 13. Birthplace Control of the state of the stat | Other conditions (Include pregnancy within 3 months of death) |
| 14. Malden name Lufth, herong 15. Birthplace | (Include pregnancy within 8 months of death) Major findings of operations. |
| ≥ 15. Birthplace | Oate of op. |
| 16. Informani Mr. John 14. Peckens | Aotopsy resolts |
| Address 580 P _ 44 Lane. Hyaleswill | PHYSICIAN: Please ooderline the caose to which death should be charged statistically. |
| 17. Burel Date (hereof The Figure 1) (Surial, cremation, or removed Which?) (Burial, cremation, or removed Which?) | 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide |
| Cemelery or crematory Josh Luceshy Lausty | Where did Injury occur? (City or town) (County) (State) |
| Location wash or we | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director WWG hands 6 | Means of Injury Injured at work? |
| Address Riverdale and | a course of Conte le 10. |
| 19726 14 1948 amonda Wown (Date rec'd by registrar) (Date rec'd by registrar) | 23. SIGNATURE M. D. or other Address # athrele Xel Date signed Ay 8 |

Address......

Supply every item of information carefully ease write the causes of death clearly and

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PLAINLY, WITH UNFADING INK. is especially important. Physicians: p

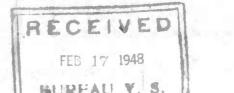
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

| | Keg. Diat. No. |
|--|--|
| I. PLACE OF DEATH: Prince George County Colmar Manor (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Markland County Pro. Geo City or town. Colmar Manor (If outside city or town limits, write RURAL and give nearest town) Street No. 3402 41 st. Ave. (If rural, give LOCATION) 2.(a) If veleran, name war. |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| John Henry Rose | |
| Male White Married | MEDICAL CERTIFICATION Pebuary, 8 48 8:45P |
| 6.(b) Name of husband or wife Louise Rose 6.(c) If allve, give age 58 years 7. Birth date of deceased (mo., day, yr.) Sept. 23 /888 | 21. I CERTIFY that doubt occurred on the date above stated; that I attended deceased from |
| 8. AGE: Years Months Days If less than one day 59 | Immediate cause of death |
| Brooklyn, New York (Town, county, and state) Book Binder 11. Industry or business Goverment 12. Name Frederick . Rose 13. Birthplace Brooklyn, New York | Due to |
| 14. Maiden name Mary Whiteneich 15. Birthplace Brooklyn, New York 16. Informani Louise Rose Address Colmar Manor, Md. | Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following; |
| 17 Transportation. (Burlal, cremation, or removal. Which?) Cemetery or crematory Location 17 Transportation. Date thereof. Feb. 10, 1948 (monty (day) (year)) (monty (day) (year)) (construction) Learne function Location 19 Transportation. (monty (day) (year)) (monty (day) (| Accident, suicide, or homicide |
| 18. Funeral director & Gasela Rong Address / Gallerille; Ma 19. 2/9 1948 Amanda Danne (Date rec'dby registrar) Registrary | Means of Injury Injured at work? 23. SIGNATURE Surger Addres 3.2.1.2.3.8111.42. Bate signed 4.9.48 |



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MARYLAND STATE DEPARTMENT OF HEALTH

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| 19 | PH. | A. | U | 4) |

| 2411 N. Charle | es St., Baltimore 163-0 |
|--|---|
| Prince Georgia | E OF DEATH Reg. Dist. No. |
| 1. PLACE OF DEATH; | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of metho) |
| (if outside lety or town limits, write RURAL and give nearest town) How long in above place of death? | City or town |
| Rospital, Institution, or street addiess where death occurred: 3.7.0.2 | Street No |
| 3. (a) FULL NAME Edgar Ramond So | 3. (b) Social Security Number |
| 4. Sex 5. Colo (chrace 6.64) Siogle married, widowed, ordivorced Wall well | MEDICAL CERTIFICATION 20. DATE OF DEATH 7-15 19 44 21 5 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| 6.(b) Name of busband or wife Maron & Sando | 21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from |
| 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day | and that I last aaw h |
| 9. Birthplace (Toyn, equaty, and state) 10. Usual occupation. J Column (Toyn, equaty) | Due to Carbon Monopole Donson |
| 11. industry or business havy your fall 12. Name | Diher conditions |
| 14. Malden name Vele Strakell 15. Birthplace Washington DC | (Include pregnancy within 8 months of death) Major findings of operations |
| 16. Informant Marion Atomato. Address Ar 10th well view | Autopsy results |
| 17 Burial, cremation, or removal, Whichi) Cemetery or crematory. Lott Lincoln Cameluy | 22. VIOLENCE: If death was due to external gauses, fill in the following: Accident, suicide, or homizable of the following: Where did injury occul? Accident (City or town) Account (State) |
| Location Colonar Manor Mf 18. Funeral director & Sasch's Some | Injured at home, farm glodustry, public place (where?) |
| Address Syattarille Ind 19 Jalry 120 1944 Mrs. Jus. Severe (Date ree A registrar) 19 Date ree A registrar) | 23. SIGNATURE CONTROLL LANGE SIGNED AND OF OTHER PARTY SIGNED AND |



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| CERTIFIC | ATE OF DEATH Rog. Dist. No. 245 |
|--|--|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in ents give residence of mother) State County City or town (If outside city on own limits, write RURAL and give nearest town) Street No. 49.5 (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3.(a) FULL NAME Sophia Schaf | 3. (b) Social Security Number |
| FEMAL White Walder Middle of divorced | MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH |
| 6,(b) Name of husband or wife Jelo: The Schaffell S.(c) It alive, give age | 21. I CERTIFY that death occurred on the data above stated; that I attended deceased from |
| 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day | and that I last saw h alive on |
| 9. Birthplace | Due to Congesture Hart Factore 1 wh |
| 10. Usual occupation. Access to the state of | Duo to Cribinosellisse |
| 12. Name | Other conditions General debelling |
| t4. Malden names. I Reever | (Include pregnancy within 3 months of death) Major findings of operations. |
| 16. Informant Mrs Carrie Copp Address 4915 - Cerie Sr. Berury w my | Autopsy results |
| Burel By Bayes thereot. By the thereot. Burleth, (and (see p.)) | 22. VIOLENCE: If death was due to external causes fill in the following: 4 FEB/4 Accident, Aleide, or homicide Cacada Table 10 Page 1 |
| Location Location | tnjured at home, tarm, Industry public place (where?) Means of Injury Occupancy Injured at work? |
| 18. Funeral director Riverdall, June | 23 SIGNATURE COL Etienie US D. |
| 19. Feb 27 1948 Janus Selly (Date rec'd by registrar) (Date rec'd by registrar) (Registrar) | thorning and. M. D. or other |

Tacher Examerier De Geo County notified 10 my 2-26-48

RECEIVED FEB 28 1948 BUREAU V. S. MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

1140

CERTIFICATE OF DEATH

11938 Reg. Dist. No. 243

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
|--|--|----------------------|--|
| County Prince Georges | State D. C. County | | |
| Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town) | | | |
| How long in above place of death? 2 mos. 9 days | City or town | st town) | |
| Mospital, institution, or street address where death occurred: | Street No. 624 Acker St., N. E. | | |
| Glenn Dale Sanatorium | (If rural, give LOCATION) | 1 | |
| How long in hospital or institution?2 mos., 9 days | 2.(a) It veteran, name war | X | |
| 3. (a) FULL NAME | 3. (b) Social Security Nu | ımber | |
| WILLIAM JCOTT | 577-32-0639 | | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | . ~ | |
| Male Colored Married | 20. DATE OF DEATH | 1720 | |
| 5.(6) Name of husband or wifeJaniceScott | 21. I CERTIFY that death occurred on the date above stated; that I attended decease | ed from | |
| | har 27 1947, 10 Feb 6 | 19(.9 | |
| 7. Sirth date of deceased (mo., day, yr.) March 10, 1889 | and that I tast saw ht. Maalive on | 19.°C.Q | |
| 8. AGE: Years Months Days If less than one day | Immediair cause of drath | MULTINA | |
| 58 58 10 27hrsmin. | | | |
| | Buo da | ******************** | |
| 9. Birthplace? Alabama (Town, county, and state) | ope tu | | |
| 10. Usual occupation | Que to. | | |
| 11, Industry or business | 500 (0 | | |
| E 12. Name Limous Scott | Other conditions | | |
| 12. Name Limous Scott 13. Birthplace ? | | | |
| | (Include pregnancy within 3 months of death) | | |
| E 14. Malden name Silla James 15. Birthplace ? Alabama | Major findings of operations | | |
| | | | |
| 16. Informant Deceased | Actopsy results | tistically | |
| Address | | thetheany. | |
| 17. Removal to Wall (). (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year) | 22. VIOLENCE: If death was due to external causes, fill in the following: | | |
| (Burial, cremation, or removai. Which?) (month) (day) (year) | About the second of the second | | |
| Cemetery or crematory | Where did injury occur? | State) | |
| Location | Injured at home, farm, Industry, public place (where?) | , | |
| 18. Funeral director Maleress + Solile Juc | Means of Injury Injured at work? | | |
| 1121 P W 211/2 | (1) . 0 / 91. | 2 | |
| Address 424 A St. Ma | 23. SIGNATURE Janel Leo França | 2 MX | |
| 19. Fel 8, 1948 towards. Pulips | Ale Dago MA | 11/48 | |
| (Date Fec'd by registrar) // Registrar | Address Date signed | A. 100 | |

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

PLAINLY, WITH

WRITE

PLEASE

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FEB 23 1948

BUREAU V. 5

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

M. Canur Ind

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| . / | 1 | 60 | 4 |

| CEPTIFICAT | TO OF DEATH |
|---|---|
| CERTIFICAL | TE OF DEATH Reg. Diat. No. |
| 1. PLACE OF DEATH SEO | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For Symborn infants give resignee of mother) |
| City or town (If outside city optown limits, write kUKAL and give nearest town) | State Maryland County, State Leon |
| How long in above place of death? | City or town |
| | Street No. (If rural, give LOCATION) |
| Now long in hospital or institution? | 2.(a) If veteran, name war |
| | eaforn 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, manied, widowed, or divorced | MEDICAL CERTIFICATION |
| simule white, widowed | 20. DATE OF DEATH FEBRUARY 26 1948 at 950 |
| 8.(b) Name of husband or wife Jahun 3. Seaftha | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from F2 brucky 14 1948, to F2 b. 26 1848 |
| 7. Birth date of Mad 19 - 186 LL | and that I last saw h. R.R. alive on |
| deceased (mo., day, yr.) 8. AGE: Years Months Daya If less than one day | Immediate cause of death DURATION |
| 83 9 124nrs. mln. | Chronic Congestive Failure ? |
| 9. Birthplace (Town younty, and state) | Due to Generalized articlo-schenis |
| 10. Usoai occupation | Due to |
| 11. industry or business? | 13 |
| 12. Name fragel 2nd 1 | Other conditions ANASARCA |
| | (Include pregnancy within 3 months of death) |
| 14. Malden name | Major findings of operations. Date of op. |
| Meha Tala landans and | Autopsy results |
| 16. Informant | PHYSICIAN: Please underline the cause to which death abould he charged statistically. |
| Partiel 1 2- 39-48 | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, cremation, or removal Wich?) (month) (dos) (year) | Accident, sulcide, or homicide |
| Cemetery or crematory | Where did injury occur? (City or town) (County) (State) |
| Location | Injured at home, farm, industry, public place (where?) Aleans of Injury Injured at work? |
| 18. Funeral director Juliane 1980 5. | more at most |
| Address Manh marlboro, mag | 23. SIGNATURE Dlayman M.D. or other |
| 19. fill 36 (Date ree'd by registrar) 1949 Jauns 18 etter Registrar | Address 4118-30 K St. Date signed 2/26/48 |

RECEIVED

FEB 28 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01940

| CERTIFICAT | E OF DEATH Reg. Dist. No | <i></i> |
|---|---|-----------------|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State R. R. D. Couoly R. N. D. Couoly | arest town) |
| 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | |
| FEMALE NEGRO WIDOW | 20. DATE OF DEATH FEB. 17 1948 | al 10:15 Au |
| 6,(b) Name of husband or wife LEW'S SOLOMEN 6,(c) If alive, give age years 7. Birth dato of deceased (mo., day, yr.) MARCH 17, 1841 | 21. I CERTIFY that death occurred on the date above stated: that I attended dece | 1945 |
| 8. AGE: Years Months Days If less than one day | e right hemplegie | 3 kaye |
| 9. Birthplace | Due to Attenoselyona, | 10-15 YRS |
| 10. Usual occupation HOUSEWIFE | Due lo | |
| 11. Industry or business 12. Name NATHAN ARTER 13. Birthplace VIRGINIA 14. Maiden name KATE Z | Other conditions A falls Milletus (Include pregnancy within 3 months of death) Major findings of operations. | 5 YEARS 3 MONTH |
| 15. Birthplace VIRGINIA | Dato of op | |
| 18. Informant Dertha Gray | Autopsy results | statistically. |
| Address 17. Burial, cremation, or removal. Which?) Cemetery or crematory. Municipal depth (month) (day) (year) | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide | (State) |
| Location Muirkirk MD | Injured at home, farm, Industry, public place (where?) | |
| 0 | Means of Injury Injured at work? | |
| Address 401 WASH- BLVD LAUREL Mg | aftenhow to | ho. |
| 19.2-21 (Date per'd by registrar) (Date per'd by registrar) | 23. SIGNATURE M. D. Address Laul, hd Date signed | 2/20/18 |

2-21 (Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

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FEB 28 1948 BUREAU V. S.

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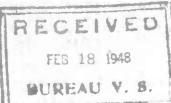
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01941 Reg. Dist. No.232

| 1. PLACE OF TEACH / TOND & Sources | 2. USUAL RESIDENCE (HOME) OT DECEMBED: (For new larger infants give residence of mother) |
|--|--|
| Cilylog II outside city or lown limits, write RURAL and give nearest town) | State County Sew |
| How York In above place of death? 3.3 41 | (If outside ojty or town limits, write RURAL and give nearest town) |
| Hospital, Institution, or street address where death occurred: | Vsicet No. Marlboro Hoad |
| | (If rural, give LOCATION) |
| How long In hospital or instilution? | 2.(a) If veteran, name war. |
| 3. (a) FULL NAME | Social Security Number |
| 4. Sex 5. Color or race 6.(a) single, plantled, widowed, or divorced | MEDICAL CERTIFICATION 20. DATE DE DEATH. FROM 1948 NO AL |
| 118 Contract | |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from |
| 7. Birth date of | Vand that I last saw h. example on Tell 15 18 18 |
| deceased (mo., day, yr.) JUM. 47 1882 | Immediate, suse of Jeath |
| 8. AGE: Monihs Days If leas than one day | Cerebral Heynanchage |
| Prime leadeloom | Prevous or Least General of |
| 9. Birinplace (Town, county, and total) | (cerebial) gdu 16 1948 1240. |
| 10. Usual occupation | Due to Garalde Willia teleson when any |
| = 12. Name Jerrie Louplas | Dther conditions |
| 13. Birthplace | (Include pregnancy within 3 months of death) |
| E 14. Maiden name Hulritte Bliry | (Include pregnancy within 3 months of death) Major findings of operations. |
| 15. Birthplace | Dale of op. |
| 16. Informan Allen Speniel | Autopsy results |
| malloro mot | PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causea, fill in the following: |
| (thurial, cremation, or removal, Which?) (churial, cremation, or removal, Which?) (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory St Maries Comiting | Where did injury occur? |
| Location crome, And | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director B. A. Consultation | Means of Injury Injured at work? |
| Address & Phones Vis 1 Th | 23. SIGNATURE Town College Yallo |
| 19. July 17 14g - Registral | Addres Wallemalow 19 De Dale signed 15 a |



UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legisly.

PLEASE WRITE PLAINLY, WILLYNE is especially important.

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

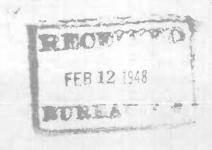
2411 N. Charles St., Baltimore

01942

243

CERTIFICATE OF DEATH

| / CERTIFICATE | Reg. Dist. No. |
|---|---|
| 1. PLACE OF DEATH: County Senger | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| City or town | City or town |
| learney and Hill Pla | (if rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) It veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Silver, married, who welf, or divorced female lealance widowed. | MEDICAL CERTIFICATION 20. DATE OF DEATH July 9, 21. 51.16. |
| 6.(c) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 |
| 7. Birth date of deceased (mo., day, yr.) | and that I last haw h last law h last law h last law h last last law h law h last law h |
| 8. AGE: Years Months Days It less than one dayhrsmin. | Immediate cause of death DURATION |
| 9. Birthplace | Due to land to the second |
| 10. Usual occupation | Due to |
| 12. Name Lukupu | Other conditions le brownie Cortherto? |
| H 14. Maiden name Lubrasur 14. Maiden name Lubrasur 15. Birthpiace | (Include pregnancy within 3 months of death) Major findings of operations. |
| 16. Informations . Cornelia Springs | Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address furtiville, mg, | |
| 17. Control Date thereof (month) (day) (year) | 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide |
| Cemetery or crematory | Where did injury occur? |
| Location V.V. Ashington | Injured at home, farm, industry, public place (where?) Means of Injury Injured at work? |
| Address 30, H SJ: M.E. Monk, DC | 23, SIGNATURE & Bellow M.D. |
| 192 - 9 (Date rec'd by registrar) 1948 Carrie F. Campbell | Address 42 3 - Hunt Ph NE product 9 9 |



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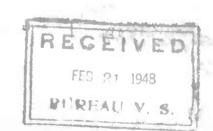
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01943 Reg. Dist. No. 231

| 1. PLACE OF DEATH: County Ringe George | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|---|---|
| 66000511 | State Mary land county Levere George |
| (If outside city or town limit, write RURAL and give nearest town) How long in above place of death? / Man Lb - / da - / 3/4 h | City or town (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, Inolytulion, or streel address where dogth occurred: | Street No. |
| How long in hospital or institution? I month - I da - 1 4/h | (If rural, give LOCATION) 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| 4. Sex 5. Color or race S.(a) Single, margied, widowed, or divorced | |
| of white married | MEDICAL CERTIFICATION 20. DATE OF DEATH. 2 19 19 19 19 19 19 19 19 19 19 19 19 19 |
| 8.(b) Name of husband or wife Www Samuel Sprance | 21. I CERTIFY that dealh occurred on the date above staled; that I altended deceased from |
| 7. Birth date of deceased (mo., day, yr.) August 28 1888 | and that I last saw has alive on 2/18/48 |
| 8. AGE: Years Months Days It less than one day | Impediate cause of death for failure uns |
| 39 1 10nin. | |
| 9. Birthplace Tag (Town, county, and state) | Due to Corocacy theuselooks |
| 10. Usual occupation Rousewife | Post le |
| 11. Industry or business | Due 10 |
| 12. Name // hours 13. Birthplace | Other conditions |
| 13. Birthplace | |
| 14. Maiden name with aux | (Include pregnancy within 3 months of death) |
| 14. Maiden name | Major findings of operations. Dale of op. |
| 18. Informant Records | Autopsy resolts. |
| Address Persone George & Wash | PHYSICIAN: Please onderline the caose to which death should be charged statistically. |
| Bureal Dale Hereot STRA/VS | 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide |
| (Burial, cremation, or comoval. Which (mgth) (disk (pour)) | Where did injury occur? |
| Location Wash DSC | Injured al home, tarm, industry, public place (where?) |
| 18. Funeral director. 1550 6 hambers 6 | Means of Injury Injured at work? |
| Address Trongelle - ger | 23. SIGNATURE Dead Color Tub |
| 19. 2/20 1948 amanda Journey (Dato roe'd by registrar) Registrar | Address +314 Gallata Bale signe 2/18/4 |
| | |



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01944 Reg. Dist. No. 231

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: Op | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|---|---|
| county PRINCE Jeorges | (For newborn infants give residence of mother) State Seorges County Kinge Seorges |
| City or town | State Md county Kinge Seorges |
| City or town (If outside city or town lights, write RURAL and give nearest town) How long in above place of death? | City or town (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, Institution, or street address where death occurred: | |
| Peince Georges Hosp. tal | Street No |
| How long In hospital or institution? | 2.(a) It veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Stockmon, Mr. | John H |
| 4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| 11 White Married | 20. DATE DE DEATH 2/26 19.48 11 0 45 M |
| 09 11: Clarker | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| B. (b) Name of husband or wife Phy // S Stockhon | 2 2 4 19 48 10 2 12 6 19 40 |
| 7. Birth date of | and that last saw h / ha alive on 2 26 19.548 |
| deceased (mo., day, yr.) June 30, 1907 | 1/- |
| 8. AGE: Years Months Days I less than one day | 1- 11-13 |
| 40 7 26min. | grance () enographical |
| Rollinger C. L Md | Bue to Ale Des Versage |
| 9. Birthplace (Town, county, and atate) | |
| 10. Usual occupation | |
| 11. Industry or business | Due to |
| A | |
| R / m -/ | Dther conditions |
| | (Include pregnancy within 8 months of death) |
| 14. Maiden name Ella Dittmak 15. Birthplace Sekmony | Major findings of operations Proclaman land and dell |
| 15. Birthplace Bermeny | |
| \11. Fe. | rules results atty circles of live |
| 10. triolinant | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address Address | 22. VIOLENCE: It death was due to external causes, till in the tollowing; |
| (Burial, cremation, or removal, Which) (month) (doy) (year) | Accident, suicide, or homicide |
| · Chart X I Go To | |
| Cemetery or crematory | Where did injury occur? (City or town) (County) (State) |
| Location Donners low De C | Injured at home, tarm, Industry, public place (where?) |
| 18 Funeral directo A. C. C. Sambus Oo | Moans of injury Injured at work? |
| Address 5 801 Cleveland ave Riverfale med | Ca ha |
| Address 2001 Weevening was Virginia Mil | 23. SIGNATURE CLORAL MARA CAGE |
| 19. 2/27 1948 Umanda Daunes | 3717-384 6 M.D. or other |

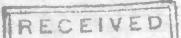


PLEASE

| Endence for change of | MARYLAI |
|---|-------------------------|
| HLM NO. G. 114 FEB 25 | 1948 CE |
| 1. PLACE OF DEATH: Ceunt City or town. (If outside city or town limits, w How long in above place of death? | ges |
| Hew long in hespital er institution? 3. (a) FULL NAME | |
| | Single, married, widowe |
| 7. Birth date ef deceased (mo., day, yr.) 8. AGE: Years Mynths Day | |
| S. Birthplace (Town, county, 1D. Usual occupation.) | and state) |
| 11. Industry or business 12. Name Park let 13. Birthplace Collapping | Co V |
| 14. Maiden name 11. 15. Birthplace Calculation 15. Birthplace Calculation 16. Informant Mariana 15. | h Co |
| Address 2737-24 | thereef July (month) |

ND STATE DEPARTMENT OF HEALTH

| | E OF DEATH Reg. Diat. No. | 15 |
|---|---|--------------|
| 1. PLACE OF DEATH: Ceunt City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospilal, institution, or street address where death eccurred: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State | iwn) |
| 3. (a) FULL NAME Julia Ohnson Streets | 2.(a) If veteran, name war | er |
| 6.(b) Name of husband or wife | 2D. DATE DF DEATH | |
| 8. Birthplace (Town, county, and atate) 10. Usual occupation. Description of the first vicine 11. Industry or business Over Rome with vicine 12. Name Rushall Davis 13. Birthplace Outbalders Co Un | Due to Mefiliation Due to Materia Solowan 6 Jayo Bl. Promo - Thock - 3 | 8 yr. 6 yn 3 |
| 14. Maiden name Klatie Majora 15. Birthplace Rafolina D. Contai (vice) | (Include pregnancy within 3 months of death) Major findings of operations | cally. |
| Address 2737 17. Centoral (Burial, cremation, or removal, Which?) Cemetery or cramatory Locallon Ashungton C. | 7 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, er hemicide | |
| 18. Funeral director Rabout G. M. G. Gruines Address 1870-9 the St. M. W. Work, D. C. 18. 2/16 1848 Amanda Downey | Means of Injury Injured at Work? 23. SIGNATURE M. D. or other M. D. or other M. D. or other | |



FED 18 1948

SURFAU V. S.

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RECEIVED

FEB 18 1948

BUREAU Y. S.

CERTIFICATE OF DEATH

Reg Diet No 243

| 1. PLACE OF DEATH: | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | | |
|-----------------------------------|-----------------------|--------------------|--------------------------------------|---|-----------------------------|---|---|
| CountyPrince Georges | | | | State D. C. County | | | |
| City or town | | | State | County | | | |
| | | | City or town | Tuaron | -24 32113 A 7 - 4 - 100 | | |
| How long in above place of death? | | Street No. 1272 Ow | ron Dlogo | M W | reat town) | | |
| nospital, institution, o | Glenn Dal | e Sanat | orium | Street No. 12/2 UW | (If rural, give LC | IVe We | |
| | 7 | month | 11 days | | | | . / |
| | | - morrerr | ll days | 2.(a) it veteran, name war | | | |
| 3. (a) FULL NAM | 1E | Con | VER D | | | 3. (b) Social Security ! | Number |
| | | DY | KES, REUE | BEN | | | |
| 4. Sex | 5. Color or race | 8.(a)Singl | e, married, widowed, or divorced | MI | EDICAL CER | TIFICATION | |
| Male | White | cin | ngle | | , | 2/14 1948 | 510 A |
| Male | MUTT CA | 1 211 | igre | 20. DATE DF DEATH | | | |
| 6,(b) Name of husband | d or wife | — | | 21. I CERTIFY that death occurre | | | |
| | | R (| thalive give age | | 1.1.19.4. | 8 10 2 / 1 | - // |
| 7. Birth date of | | | e) it alive, give ageyears | and that I last saw h | live on | 2410 | f/19 |
| deceased (mo., day, | yr.) August | 16, 180 | 39 | Immediate cause of death | | | DURATION |
| 8. AGE: Year | | Days | tt less than one day | Pulmon | any Ju | herculoses | 3 yes |
| 58 5 | 8 5 | 29 | hrs min. | | / | | 0 |
| 9. Birthplace | orfolk, Vi | rginia | itate) | Due to | *************************** | | *************************************** |
| 10. Usual occupation | Carpent | ter · | 36 Jel-11 | *************************************** | | *************************************** | |
| | | | •••• | Due to | ••••• | *************************************** | *************************************** |
| 11. Industry or busine | ess | - | | | | •••••• | |
| 12. Name | leuben J. | ykes | | Other conditions | | | *************************************** |
| 13. Birthplace | Norfolk | Wi mai | 21 2 | | | *********************************** | |
| 8 | MOLIOTK | ATTEN | II.d | (Include preg | gnancy within 3 mor | iths of death) | |
| 王 14. Malden name | | | | Major fiedings of operations | | | |
| 14. Malden name | Norfoll | v. Virg | inia | | | Date of op | |
| | Deceased | | | Autopsy results | | | |
| 16. Informant | | | | PHYSICIAN: Please underline | | | statistically. |
| Address | 1 0 | | 1 0 | 22. VIOLENCE: If death was d | due to external causes | , till in the tollowing: | |
| 17 13 W | on, or removal. Which | Date ther | eot 17,1948. (month) (day) (year) | Accident, suicide, or homicide | | | |
| (Burial, crematic | on, or removal. Which | 11'00 | (month) (day) (year) | | | | |
| Cemetery or crema | iory Cedar | Hells | | Where did injury occur? | (City or town) | (County) | (State) |
| Jacobs P1 | mas 90 | orgo's | County, Marylan | | | | |
| LUCATION J | CLI 1 | 1:0 | | Mesos of Injury | | Injured at work? | |
| 18. Funeral director. | D. A. | rues | | | . 0 0 | 1 | |
| Address 29 | 01-140 | STI | .W. Wash. DC. | 4/10- | 11/ /00 | Linescary | mx) |
| 1 | 0 116 11 | =TP | 0. 18 Pl. 0: | 23. SIGNATURE | A RU | M. D. o | or other |
| 19. | V. 1. T. 19 4 D | · / we | Register | Address 59 Com | the M | Date signed. | 2/14/4 |
| (Date rec'd by I | registrar) | | Youghter | II Auuress. | . V. C. V | Date signed.a | 7 |

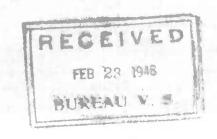
ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

PLEA SE WRITE

BINDING

FOR

RESERVED



MARGIN RESERVED FOR BINDING

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01947

CERTIFICATE OF DEATH

Reg. Dist. No. 242.

| I. PLACE OF DEATH: Gounty Prince George's | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland county Prince George's | | |
|---|---|--|--|
| City or town. Dupont Helahts (If outside city or town limits, write RURAL and give nearest town) | | | |
| (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 Years. Hospital, institution, or street address where death occurred: 910 Spauldings Ave | City or town Dupont Heights (If outside city or town limits, write RURAL and give nearest town) Street No. 910 Spauldings Ave (If rural, give LOCATION) | | |
| How long in hospital or institution? | 2.(a) If veteran, name war | | |
| 3. (a) FULL NAME | 3. (b) Social Security Number | | |
| Mary J. Tabbs | The second section is a second section of the second section in the second section is a second section of the section | | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| Female Colored Widowed | 20. DATE OF DEATH February 18 19 48 at 7: 30P | | |
| B.(b) Name of husband or wife Robert H. Tabb | 21. I CERTIFY that death occurred on the date above stated; that I attended decessed from | | |
| 7. Birth date of C O 6.(c) If alive, give age | and that I last eaw halive on | | |
| deceased (mo., day, yr.) | Immediate cause of death DURATION | | |
| 8. AGE: Years Months Days If less than one day | Congestive heart failure | | |
| 9. Birthplace Ral bich, N. C. (Town, county, and state) | Due fo Cardiovascular renal disease | | |
| 1B. Usual occupation | Due to | | |
| 11. Industry or business 12. Name Unknown 13. Birthplace Unknown | Dither conditions | | |
| [13. Birthplace, Unknown | (Include pregnancy within 3 months of death) | | |
| 14. Maiden name Unknown | (Include pregnancy within 3 months of death) Major findings of operations | | |
| 14. Maiden name Unknown Unknown Unknown | msjor nadings of operations. Date of op. | | |
| 16. Informant Thorn Pratt | Actorsy results | | |
| Address 467 N Strret N. W. Wash. D.C. | PHYSICIAN: Please underline the cause to which death should be charged statistically. | | |
| | 22. VIOLENCE: If death was due to external causes, fill in the following: | | |
| (Burial cremation or removal Which?) (month) (day) (Year) | Accident, suicide, or homicide | | |
| Cemetery or crematory Mt. Calvary Catholis | Where did injury occur? | | |
| Location Forestville Printer George Md. | Injured at home, farm, Industry, public place (where?) | | |
| 18. Funeral director Henry S. Washington's Sons | Meane of Injury Injured at work? | | |
| Address 467 W St n.wWash DO | Deputy Medical Examinen | | |
| 0 40 1000 | 23. SIGNATURE. A. D. Apthe | | |
| 19 Jet, 20 19 48 Carrie J. Camplell. (Date ree'd by registrar) Registrar | Address Forestville, Md. Date signed 2/20/8 | | |



9-45-15M

VS A15

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

Reg. Diat. No.

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mothes) |
|---|--|
| County Prace of Congo | The said of the said |
| Cliy or town | State Couply Couply |
| How long in above place of dealh? 15 | City or lowa |
| Hospital Institution, or street address where death occurred: | Street No. Delmont Farm |
| (Deliment torson | (If rural, give LOCATION) |
| How long in hospital or Institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | Jayruan 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| may white married | 20. DATE OF DEATH February 21 1848 11 830 AM |
| 8.(b) Name of husband or wife Parth Jongman | 21. I CERTIFY that death occurred on the date above slated; that I attended deceased from |
| 7. Birth date of | 19 to |
| 7. Birth date of deceased (mo. day, vr.) all 20. 1892 | and that I last saw halive on |
| deceased (mo., day, yr.) 8. AGE: Years Mppths Days If less than one day | Immediate cause of death |
| 55 | - Coroner Occasion |
| | |
| 9. Birlhplace(Town, eounty, and state) | Due to Carlo |
| 10. Usual occupation. Tanana | and |
| | Due to |
| 11. Industry or business | |
| E 12. Name James | Dther conditions |
| 13. 9irthplace | (Include pregnancy within 8 months of death) |
| = 14. Maiden name Jaura ann lung | |
| 15. Sirthplace manufact | Major findings el operationa. Date ol op. |
| 1. 0 +11 .9 | |
| 16. Informant. | Autopsy results |
| Address Halls no | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| 12 Hours Dale thereof 24-48 | Accident, suicide, or homicide |
| (Burial, cremation, or removal Which?) (month) (day) (year) | |
| Cemetery or cremators | Where did injury occur? |
| Location Surface Strange Surface Strange | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director Aleks Brosson | Maans of Injury Intured at work? |
| SMA. 300 WILL STAN | Meguly medical yaquin |
| Address / White / Warris W | 23. SIGNATURE D ON THE D ON THE STATE OF THE |
| 19. Jeb at 1945 Kenny Dunch | The till had 221248 |
| (Date rec'd by registrar) | Address The Date signed 2 2 21-40 |

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FEB 25 1948

BUREAU Y. S.

PLEASE WRITE PLAINLY, is especially

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

01949

| CERT | CIFICATE OF DEATH Rog. Dist. No. | 45 |
|---|--|--|
| 1. PLACE TO DEATH: County City or town (18 patient city or town limits, write RURAL and give neare) How long in above place of death? Hospital, institution, or street address where death occurred: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn i frants give residence of mother) State | wn) |
| | Lington ware 3. (b) Social Security Number | er |
| 1. Sex S. Color or sice S. (a) Single, married, widowed, or di | MEDICAL CERTIFICATION 20. DATE DF DEATH Tel. 1948 21 9 | :40 A. |
| 6.(b) Name of husband or wife Tellen wase 6.(c) If alive, give age | 21. I CERTIFY that death occurred on the date above stated; the U attended deceased tro 2 | m 19.48 |
| 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one dayhrs | Immediate cause of death | DURATION Ess. |
| 9. Birthplace | Due to. Coronary disease 2 | gn. |
| 10. Usual occupation. | irk Due to. arteriosclerosis | ? |
| 12. Name John, wase 13. Sirthplace | Other conditions | |
| 14. Maiden name. Elizabeth Coalt | Major fiediags of operations. | 00 00 00 00 00 00 00 00 00 00 00 00 00 |
| 16. Informant mrs Kelen Hullon | Autopsy results | cally. |
| Address 4403.00000 Jef thereof Jef 14, / (Buriat, cremation, or removal, Which?) | 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide | . 3 , |
| Cemetery or crematory teldar fell | Where did injury occur? | e) |
| 18. Funeral director & Lasche Song Address Myallenlle Mid | Msans of Injury Injured at work? Thomas Or Kelly Mr. W |) . |
| 19. Feh 19. Hy James Series (Date rec'd by registrar) | 23. SIGNATURE Monas (Mag. 7-2 M. D. or othe Address. Was Lee Date signed 2 | 11-48 |



PLEASE WRITE PLAINLY,

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

019243

| 1. PLACE OF DEATH: | Daines Geen | | 2. USUAL RESIDENCE (HOME) | OF DECEASED: | |
|---|-------------------------|--|---|---|---|
| County Prince Georges | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
| City or town Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town) | | | State D. C. County | | |
| How long in above place of death? 28 days | | | City or town (If outside city or town limits, write RURAL and give nearest town) | | |
| Hospital, Institution, or etreet address where death occurred: Glenn Dale Sanatorium | | | 510 D. Street | t. N. E. | arest town) |
| | | | Street No. 510 D. Street, N. E. | | |
| | ution?28 | days | 2.(a) It veteran, name war | | V |
| 3. (a) FULL NAME | | 10/4000 | | 3. (b) Social Security | Number |
| (WILLIMEN | IA) ANN | VVASHINGTO | $\mathcal{O}\mathcal{N}$ | | |
| 4. Sex 5. Co | olor or face 6.(a) Sing | le, married, widowed, or divorced | MEDICAL | CERTIFICATION | |
| Female 1 | Vegro | Separated | | 12 1948 | 7.500 |
| | Commoll | Washington | | | |
| 6.(b) Name of hueband or wife | Carroll | Habiting con | 21. I CERTIFY that death occurred on the date | | |
| 7. Birth date of | 6.0 | c) If alive, give ageyears | and that I last saw h.C.Kalive on | | |
| deceased (mo., day, yr.) | February 26 | . 1920 | | | |
| 8. AGE: Yeare | Months Daye | tf leee than one day | Immediate cause of death Luke | | |
| 27 27 | 11 17 | | | | 5 mo |
| 9. Birthplace Was | shington, D. | C. | | *************************************** | *************************************** |
| | (Town, county, and | state) | Due to | *************************************** | *************************************** |
| 10. Usual occupation | Domestic | *************************************** | | | |
| 11. Industry or businese | | | Due to | | *************************************** |
| 当 12 Name Willia | am S. Young | | Other conditions | | |
| 12. Name | Nirgi Virgi | | | | *************************************** |
| A | Polly Deane | | (Include pregnancy within | 8 months of death) | |
| 14. Maiden name | Virgi | nia | Major findings of operations | | |
| | - | | | Date of op | |
| 16. Informant | Deceased | *************************************** | Autopsy results | | ******************************* |
| Address | | | PHYSICIAN: Please underline the cause to | which death should be charged | statistically. |
| " Ray | 0 | - Te - 13 1010 | 22. VIOLENCE: It death was due to external c | auses, fill in the following: | |
| (Burial, cremation, or ren | hoval. Which?) | ool J. elr.) 3, 19 47 (month) (day) (year) | Accident, suicide, or homicide | Date of | |
| Cemetery or crematory | | *************************************** | Where did injury occur?(City or town | \(Canata) | 484-4-1 |
| location to Wo | slington | ,D.C | Injured at home, farm, Industry, public place (| | |
| Tra | 1 0 1 1 3 | 0. 11/1/2000 | Means of Injury | Injured at work? | |
| 1B. Funeral director | yen jun | crus / Horne kie | | O A NOTRE | |
| Address 387 | - fall wo | Cmw | Alpinal / | a finance | m(+) |
| 1 0 1 | 3 WE Place | wland & Plilie | 23. SIGHATURE | M. D. | or other |
| (Date ree'd by registrar) | 4.19Z.Q | The state of the s | XY/a LIACO | ma | 3/13/48 |

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MAR 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNis especially important.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

01951

CERTIFICATE OF DEATH

23/

| | | | CERTIFICA | Reg. Dist. No. O |
|--|--|---------------|--|---|
| City or town(If | ince George dairmount outside city or town ling e of death? r street address where d or institution? | Heig 7 mor | d: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
| 4. Sex | 5. Color or race | | le, married, widowed, or divorced | MEDICAL CERTIFICATION |
| female | colored | Se | perated | 20. DATE OF DEATH 7 Sle 1 0 19 48 at 34 |
| 6.(b) Name of husband 7. Sirth date of deceased (mo., day, | | ert W | eeks (c) If alive, give ageyears | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 |
| 8. AGE: Year | | Days | tf less than one day | Immediate cause of death |
| 56 | | | hrs min. | Larline |
| 9. Birthplace Virginia (Town, county, and state) Domestic work | | | | Du Du Condo Romania Du Due to. |
| 11. Industry or busines | Albert | Magha | 7 | _ |
| 12. Name | unknow | | 3 . | Other conditions |
| 14. Maiden name | Adelain | e | | (Include pregnancy within 3 months of death) Major findings of operations |
| ≥ 15. Birthplace | Unkn | | olea | Date of op. |
| 16. Informant | | _ | eks eights Md. | Antopsy results |
| Address 17. (Burial, cremation Cemetery or cremat Location 443 Location 443 Address | oval n, or removal, Which?) mellinan & my Llean arc. L Las fyatte 48 | Date the Sche | month) (day (yor) y fraceal Co sh. d.C. sone manda Deune | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |
| (Date rec'd by re | egistrar) | | Regisfrar | Address Holskull Me Date signed 2-16- |



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01952

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: | | |
|--|--|--------------------|--|--|-------------------|--|
| county Prince Georges Maryland | | | Maryland | Marvland Prince Ge | eorges | |
| City or town Beltsville Maryland (If outside city or town limits, write RURAL and give nearest town) | | | ylahd | State County | | |
| | | City or town | | | | |
| | e of death? or street address where | | | (if outside eity or town mmits, write KUKAL and give i | nearest town) | |
| nospital, institution, o | i Stiffet address wilcre | ACEIN OCCUITO | | Sireet No. (If rural, give LOCATION) | | |
| | | ****************** | | | | |
| How long in hospital or instilution? | | | | 2.(a) If veteran, name war | | |
| 3. (a) FULL NAM | | | | 3. (b) Social Securit | ty Number | |
| - 1 | Chris | stie A | melia Wheat | | | |
| 4. Sex | 5. Color or race | 6.(a)Sing | e, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| female | white | | owed | 7.1 27 48 | 3000 | |
| | | | | | | |
| 6.(b) Name of husband | or wife Edge | r Whe | at | 21. I CERTIFY that death occurred on the date above stated; that I attended do | eceased from | |
| | | | | | 19 | |
| 7. Birth date of | | | c) If alive, give ageyears | and that t last saw halive on | 19 | |
| deceased (mo., day, | | 27, 18 | | Immediate gauge of death | DURATION | |
| 8. AGE: Year | rs Months | Days | If less than one day | Shock | | |
| 86 | | | hrs min. | | | |
| | Illinois | | | 2. Espans to cold | | |
| 9. Birthplace | (Town, | county, and | stute) | Due 10. | | |
| sp. Hourt sequenties | at ho | ome . | *************************************** | | ***** | |
| 2 | A Part of the same | , , | | Due to | | |
| 11. Industry or busine | ss 4 | u , 3 | | | | |
| 12. NameH | enry Bayl | | | Dther conditions | | |
| 13. Birthplace | | | Jersey | (Include pregnancy within 3 months of death) | | |
| E | Mary Sar | nders | | | | |
| 14. Malden name | | | | Major findings of operations. | | |
| 15. Birthplace | | Nev | Jersey | | | |
| 16 Informant Ru | by G. Ell | liott | | Autopsy results | | |
| | ing Lake | | | PHYSICIAN: Please underline the eause to which death should be charge | ed statistically. | |
| Address DI | THE DAKE | | | 22. VIOLENCE: if death was due to external causes, fill in the following: | | |
| u. Buria |] in, or removal. Which | Date the | reof Mar 1, 1948 (month) (day) (year) | Accident, suicide, or homicide and and and Date Alle | mp 2-2-6-1 | |
| (Burial, crematio | on, or removal. Whien | hne C | emeters | Where did injury occur? Beltsvalle V | Tus | |
| Cemetery or crema | ory St Jo Be | tevil | le Md | (City or town) | (State) | |
| | | | . T C Mu. | Injured at home, farm, Industry, public place (where?) | | |
| | | | Sons | Macket or your whome with my know and or with? | | |
| 1B. Funeral director. | | | | Messet medical to | upue | |
| Address | Hyat | tsvill | e Ma. | 7 | | |
| | ist | 1 | 10 950 | 23. SIGNATULE 23 | D. opother | |
| 19.MARCH | 15t 1948 | | The OUNTY | Address Date sign | 2.29.60) | |

RECEIVED

MAR 3 1948

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

CERTIFICATE OF DEATH

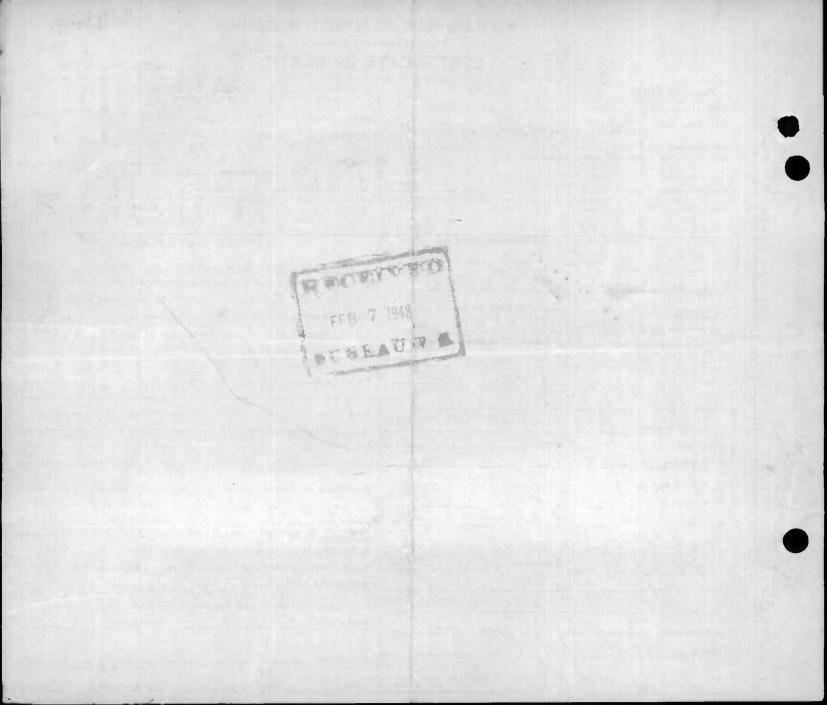
Reg. Dist. No. 246

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|--|--|
| County Yruncy Yeary a | (For newborn infants give residence of mother) |
| and treams me | State May Land County Green Many |
| City or town | |
| How long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| Hospilal, Institution, or street address where death occurred: | Street No. 3903 - W Cale an |
| | (If rural, give LOCATION) |
| Mark to the least to the Mark | 2.(a) If veteran, name war. |
| How long in hospital or institution? | 2.(d) IT veteran, name war |
| 3. (a) FULL NAME William J. Wh | Le S. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced | MEDICAL CERTIFICATION |
| M Whate W. Som | 20 DATE OF DELTH 7 15/AM 716 4 1048 1 7 5/AM |
| The product of the state of the | 20. DATE OF DEATH 19. TO 19. TO at |
| 6.(b) Name of husband or wife Chance & A leate | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 7. Birth date of | and that I last saw h |
| 7. Birth date of deceased (mo., day, yr.) | |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death |
| o. Adz. | Cardio-respuratory |
| 87. 3 3hrsmla. | paralisis |
| Menc Graces | Que to Cereho-vareular |
| 9. 6 rihplace | 000 10 |
| 10. Usual occupation Relited | |
| 10. Usual occupation | Due to Careralezed arterioselesosis |
| 11. Industry or business | with hypertension |
| 12. Name Veles Wall | Other conditions |
| | |
| | (Inclode pregnancy within 3 months of death) |
| 14. Maiden name Sabella Rave 15. Birthplace Delays | 18 to 0 19 do 10 d |
| 5 15 Biuthalasa | Major fiadings of operations. |
| 15. Granpiace | Date of op. |
| 18. Informant // acy . Hystelle | Autopsy results. N.O. |
| Address 39 3- Utal un. | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 17 Removal Date thereof 7th 4 1848 | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, cremation, or removal, Which?) (mooth) (day) (year) | Accident, eulcide, or homicide |
| Cemetery or crematory | Where did injury occur? |
| Location 641- H St AC pour huylone DE | Injured at home, farm, Industry, public place (where?) |
| 1 7/1 | Means of Injury Injured at work? |
| 18. Funeral director Assess Charge for Charles | (Injury at 1991) |
| Address 641-11- 11:77.8 | 61 5 60,01 1. |
| 7/ | 23. SIGNATURE Varry T. Volle M. D. |
| 10 th of 10 48 laws Deven | 30 - 2 211 d 51 - // M. D. or other |
| (Date rec'd by registrar) Registrar | Address 3827-34 2 27. Date signed 7264, 1942 |
| | Mt Kainer Mg |

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

121

.Date signed 2-1

| | CERTIFICATE | E OF DEATH | Reg. Dist. No | 23/ |
|--|----------------------|--|--|----------------------|
| County | d give nearest town) | Street No. (If rural, | County Co | |
| How long in hospital or institution? | | 2.(a) It veteran, name war | | |
| 3. (a) FULL NAME | Villian | no | 3. (b) Social Securi | ty Number |
| 4. Sex 4. Sex 4. Sex 4. Sex Colored 6. (a) Single, married, Wild | aneil | MEDICAI 20. DATE OF DEATH | L CERTIFICATION | 8 . 72 |
| 6.(b) Name of husband or wife Cottling 6.(c) It alive, p | | 21. I CERTIFY that death occurred on the da | | |
| 7. Birth date of deceased (mo., day, yr.) | 8 | and that I last saw halive on | | - |
| | than one dayhrs,min. | Due to Carlo | | |
| 11. Industry or business 12. Name | | Due to | | |
| Y 13. Birthplace 14. Malden name 15. Birthplace Mary Bary | | (Include pregnancy with | | |
| 18. Informant. Journal Will Address Capital Vie | 1 11 , 100 | Autopsy resultsPHYSICIAN: Please underline the cause | to which death should he charg | |
| | month) (day) (year) | 22. VIOLENCE: It death was due to extern Accident, suicide, or homicide | Date ot | |
| Location Washington , D.C. | | Where did injury occur?(City or to injured at home, tarm, industry, public pla Means of injury | | |
| 18. Funeral director. 1910 Had + Sea. Address + 24 - R St. MW | ieq Inc. | 23. SIGNATURE DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPA | redeal | Cyana D, or other |
| 19. 2/17 19. 48 Chrian | da Noceney | Decarte | UIT Wed | 7-17-14 |

Registra

PLEASE WRITE PLAINLY, WITH WIFADING INK. Supply every item of information carefully. The correction is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

2//7
(Date rec'd by registrar)



A15

MARYLAND STATE DEPARTMENT OF HEALTH

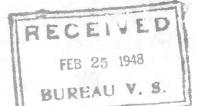
2411 N. Charles St., Baltimore

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|----|---|---|---|-----|---|
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| | | 7 | P |) | 1 |

CERTIFICATE OF DEATH

| | | 10 | LU | 1/1 |) | |
|-----|-------|-----|----|-----|---|------|
| | | | 7 | 2 | 2 | |
| 02. | Diat. | No. | 6 | K) | 6 | 1000 |

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | | |
|--|--|--|--|
| County James George | (For newborn infants give residence of mother) | | |
| City or town. (If cutside city or town limits, write RURAL and give nearest town) | State Mangland County True of Glange | | |
| (If optside city or town limits, write RURAL and give nearest town) | City or town upper marchors | | |
| How long in above place of death? I | (If outside city or town limits, write RURAL and give nearest town) | | |
| mª Cene farm | Street No. | | |
| How long In hospital or Institution? | (If rural, give LOCATION) | | |
| | 2.(a) If veteran, name war | | |
| 3. (a) FULL NAME Barbara Cecelia Wine | 3. (b) Social Security Number | | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| For ale White Saule | 7 | | |
| | 20. DATE OF DEATH. + 1 20 19 48 21 209 P. | | |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from | | |
| | | | |
| 7. Birth date of | and that 1 last saw halive on | | |
| deceased (mo., day, yr.) Llee 31, 194 | Immediate cause of death DURATION | | |
| 8. AGE: Years Months Days If less than one day | 7-14 | | |
| hrs. min. | Cillanda | | |
| wash to De | Poor # had I am had to | | |
| 9. Birthplace (Town/ county, and state) | Due 10. The Control of the Control o | | |
| 1D. Usual occupation | | | |
| 11. Industry or business | Due 10 | | |
| | | | |
| 12. Name William Willi | Other conditions. | | |
| 13. Birthplace | | | |
| 14. Maiden name | (Include pregnancy within 3 months of death) | | |
| 14. Maiden name. | Major findings of operations | | |
| 21 15. Birthplace | Date of op. | | |
| 16. Informant, Wellow Oudon | Autopsy results | | |
| Address Ufley marlboo, had | PHYSICIAN: Please underline the cause to which death should be charged statistically. | | |
| Busine 2 25 md | 22. V10LENCE: If death was due to external causes, fill in the following: | | |
| (Burial, cremation, or removal, Which?) Date thereot (month) (Any) (year) | Accident, suicide, or homicide | | |
| Cemetery or crematory Ismae Sco, O, Mars & Mis | Whers did Injury occur? (City or town) (County) (State) | | |
| That me | | | |
| Location Land | Injured at home, farm, Industry, public place (where?) | | |
| 18 Fundral director This file Soft hills | Msans of Injury Injured at work? | | |
| Address When markers mark | teleputy medical Comes | | |
| The state of the s | 23. SIGNATURE. | | |
| 19. (D 2 4 19 4) (Christon 10) | M.(A) or other | | |
| (Date rec'd by registrar) Registrar | Address tracestrally new pair signed 2 - 20-41 | | |



PLEASE/WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 2165

| 1. PLACE OF DEATH: County June June June June June June June June | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
|--|---|--|--|
| (If outside city of town limits, write RURAL and give nearest town) How long in above place of death? | City or town 20 (If outside city or own limits, write RURAL and give nearest town) | | |
| Hospital, institution, or street address where death bourred: | Street No. 1900 guesschapel Ld. | | |
| How long In hospital or Institution? Slary 21 hrs. | 2.(a) If veteran, name war. | | |
| Saby gil Wright | 3. (b) Social Security Number | | |
| 4. Sex 5. color or race 6.(a) Single married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| Fe Wh - infaint | 20. DATE OF DEATH February 4 19.48 01 12 4 | | |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from | | |
| | February 10 19 48 10 February 1419 4 | | |
| 7. Birth date of | and that I last saw h. Chalive on February 4 18 48 | | |
| deceased (mo., day, yr.) + lacuary / 9 / 9 / 8 8. AGE: Years Months Days If less than one day | Immediate cause of death DURATION | | |
| 3 2/hrsmin. | Caraca Mangement | | |
| 9. Birthplace River Sale (Private Georges) Maryland. (Town, county and start) | Oue to Conquital atreva of | | |
| 11. Industry or business | | | |
| 12. Name M. Jaseph Nasty Wright | Other conditions allopey by Col. Cornell | | |
| 3. Birthplace Welmull, Verginia | (Include pregnancy within 3 months of death) | | |
| 14. Maiden Rameluma Mare desgustine | Major findings of operations | | |
| | Course of Olympia Date of opposition | | |
| Address y 900 queens Chasel Rd N. E. Washington | Autopsy results. Congenity alress of refly vulled. PHYSICIAN: Please unfurline the cause to which death should be charged statistically. | | |
| 7.15/1/10/19 | 22. VIOLENCE: tf death was due to external causes, till in the following: | | |
| (Burial, cremation, or remove Which?) [Burial, cremation, or remove Which?] (month) (day) (year) | Accident, suicide, or homicide | | |
| Cemelery or crematory Transpeer | Where did injury occur? (City or town) (County) (State) | | |
| Location Gladensetury Ind | Injured at home, tarm, industry, public place (where?) | | |
| F Greeker some | Meens of Injury Injured at work? | | |
| Address Hallerille nd , | Kowland Flutures MS | | |
| 2 Ha UX Chander Derine | 23. SIGNATURE M. D. or other | | |
| 19. (Date rec's by registrar) Registrar | Address 4404 Gueur Dury Cap pale signed 3/14/48 | | |

